



## REQUEST FOR PLAN REVIEW EXTENSION

<b>PROJECT ADDRESS:</b>		<b>Permit #</b>
<b>Description of work on Permit Application:</b>		
<b>PETITIONER INFORMATION:</b>		
<input type="checkbox"/> Property Owner of Record <input type="checkbox"/> Architect of Record <input type="checkbox"/> Engineer of Record <input type="checkbox"/> Current Property Owner <input type="checkbox"/> Contractor of Record <input type="checkbox"/> Other _____		
<b>Petitioner's Name:</b>		
Street Address:	City:	Zip Code:
Phone:	E-mail Address:	
<b>JUSTIFICATION:</b> Show what circumstances beyond your control have prevented you from meeting the time limit, what progress you have made to date, and the present condition of the property. Attach additional information as needed.		
<b>Petitioner's Signature:</b>		Date:
<b>FOR STAFF USE ONLY</b>		
Has this Application been extended before? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date Extended To:     /     /
Application Date:	/   /	365 Day Expiration Date:     /     /
Submittal Payment Date:	/   /	If Extended Before, New Expiration Date:     /     /
Permit Valuation:	\$	Changes in Law/Code: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approval of Building & Safety Staff: _____		Date:     /     /
Approval of City Building Official: _____		Date:     /     /
<b>Request Approved:</b> <input type="checkbox"/> 180-day extension (BHMC 9-1-107.L.3.) <input type="checkbox"/> Requires Change of Professional		<b>Request Denied per BHMC 9-1-107.L.3.:</b> <input type="checkbox"/> Exceeds number of allowable extensions. Max 1 extension allowed. <input type="checkbox"/> Changes in Law/Code <input type="checkbox"/> Change in scope of work <input type="checkbox"/> Other: