



## CITY OF CALISTOGA

### PERMIT EXTENSION FORM

Permit extension requested by: \_\_\_\_\_

For Permit # \_\_\_\_\_ Permit Issuance date \_\_\_\_\_

Project Address: \_\_\_\_\_

Upon approval, this extension will be good for 180 calendar days from the date of this notice, or no later than \_\_\_\_\_.

Applicant's name: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

\_\_\_\_\_

Approved by: \_\_\_\_\_

PLANNING AND BUILDING DEPARTMENT

Date mailed: \_\_\_\_\_