

BUILDING PERMIT EXTENSION REQUEST**For Extension to Issued Permits**

Date:	Perm	i+ #·		
Date.	Feiiii	IL #.		
Address:		APN:		
Project Name:	Туре	of Permit:	☐ Residential	☐ Commercial
Applicant Name:				
Phone No.:	Email:			
Person Requesting Extension (check one):	□ O wr	ner	☐ Contractor	
Reason for Extension Request:				
SIGNATURE:				
PRINT NAME:				
Note: You will receive notification by	mail			
Extension Approved:(initials) Reasons:		Denied		_(initial)

City of Dixon

Community Development Department – Building Division
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