



REQUEST FOR EXTENSION OF PERIOD TO RESPOND

TO: City of Chula Vista
Development Services Department
276 Fourth Avenue
Chula Vista, CA 91910

Activity No. _____

I, _____
Name of Professional

Address

City State Zip Code

request an extension of _____ days in order to respond to your letter dated _____, Activity No. _____, regarding my granting permission to make and deliver a duplicate of the official copy of building plans, specifications and calculations, reports and documents on file under the above-specified Activity Number.

This request is made in accordance with Section 19851 or the State of California Health and Safety Code for the following reasons:

(Signature of Professional)

(Date)

FOR BUILDING INSPECTION USE ONLY

ACTION OF THE CITY OF CHULA VISTA DEVELOPMENT SERVICES DEPARTMENT

Extension Approved Extension Denied

By _____ On _____
(Records Section Supervisor) (Date)

Registered letter delivered on _____ Response must be received by _____
(Date) (Date)

Please Call 619.691.5272 with any questions