



CITY OF OAKLAND

250 FRANK H. OGAWA PLAZA ▪ SUITE 2340 ▪ OAKLAND, CALIFORNIA 94612-2031

Planning & Building Department

Bureau of Building,

Building Permits, Inspections and Code Enforcement Services

bbpermit@oaklandca.gov

(510) 238-4444

711 for CA Relay Services

PERMIT APPLICATION EXTENSION REQUEST

Project Address: _____

BuildingPermit #: _____

Permit Application Extension Fees

Extension or Reinstatement fee	If more than 2 years	If impact fees need review
\$151.38	\$302.76	\$756.90

Note: Fees are applied at 6 month increments from date application was filed.

Call PBD Cashier, to make payment by VISA or MASTERCARD at 510-238-4774

I, _____ request an extension of the expiration date of my Building Permit Application, per Section 304(d) of the Oakland Building Code, due to circumstances beyond my control.

State Circumstances

- A. I realize that the application and this extension shall terminate one year from the ORIGINAL filing date of this permit application and that no further extensions beyond this period are allowed by the Oakland Building Code. This extended- and final expiration date is _____ To renew action on an application after this expiration date, an applicant will be required to resubmit plans and pay new submittal fees as applicable.
- B. I understand that additional Impact Fees will be charged for project failing to be issued within one (1) year of the original submittal date.
- C. I further understand that any plans other data submitted for review in reference to this permit application may be destroyed within (10) working days after this final expiration date if not downloaded from the online portal or requested through Records.

Note: A permit application extension or reinstatement may be granted, for justifiable cause, at the discretion of the Building Official.

By signing below, I acknowledge that this is my only notice of the permit application expiration process as it pertains to the above referenced permit application.

Applicant's Signature

Date

Extension Approved by (Staff)

Date

Office Use Only: Original File: _____ / # of Extensions Requested: _____ Total Amount Due: \$ _____

How many Extensions have been granted? _____

How many paid? _____

* Includes records management & technology enhancement fees; per Master Fee Schedule approved by City Council