

Substantial Completion and Temporary Occupancy Extension Request

| Permit Number | Date | | | | |
|--|--|--|--|--|--|
| | | | | | |
| Project Name | Project Address | | | | |
| | | | | | |
| Instructions: This form must be completed to re- | quest the extension of additional time on a project. | | | | |
| Reason for Delay: | | | | | |
| Provide a brief description of why the remaining items of work were unable to be completed | | | | | |
| during the initial completion period. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



Schedule for Completion:

Provide a brief schedule of expected completion dates for the remaining corrective actions not yet complete. Inspections may be viewed by visiting this link and inputting the permit number: https://devservices.cityofls.net/Permit/Locator

| Name: | | | |
|---------|------|--|--|
| Phone: | | | |
| E-Mail: | | | |

City Review:

This request will be reviewed by City Staff associated with this project to determine if the extension is warranted. If additional information or clarification is needed, staff will contact the person below to resolve these matters. Reviews are typically completed within two business days and if additional time is required the signee will be contacted with the timeframe for completion.

| Approval (City Use): | |
|----------------------|--|
| Date: | |