



**City of Chino  
Development Services Department  
Building Division**

**Plan Check Extension Request**

PROCESSING FEE: \$100.76

Permit applicant shall complete this form and submit it with payment of \$100.76, in person to the Building Division at 13220 Central Avenue, Chino, CA 91710.

First Name	Last Name	Company Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address (Street)	City/State/Zip
<input type="text"/>	<input type="text"/>

(Area Code) Phone Number	Email
<input type="text"/>	<input type="text"/>

**PLAN CHECK INFORMATION**

Job Location: _____ List all Permit Numbers: _____ State Reason for Requesting an Extension: _____ _____ _____ _____
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I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Title of Applicant	Date

Office Use: Code Enforcement: ( ) Approved ( ) Denied ( ) Pending

Current Expiration Date: \_\_\_\_\_ ( ) Fees Paid ( ) Processed in ACCELA

Department Action: ( ) Denied ( ) Approved – Updated Expiration Date: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Comments:


*Following a decision on the extension request by the Building Division, the applicant may request a letter outlining the Division's findings.*