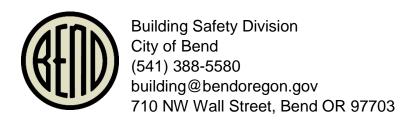
Last Revised Date: 06/04/2021



This submittal form is to be completed as part of your application with the City of Bend. *Download this form before completing fillable fields*, then upload with your application through the Online Permit Center at www.bendoregon.gov/permitcenter.

REQUEST FOR PERMIT OR PERMIT APPLICATION EXTENSION

Name:		Today's Date:		
Mailing Address:				
Phone:	Email:			
Job Site Address:				
Permit #:		_ Che	ck One: ☐ Residential	☐ Commercial
Request for Application Extension (prior to issuance)?			□ No	
Request for Permit Extension (after issuance)?			□ No	
Extension previously applied for on this application?			□ No	
Extension previously applied for on this permit?			□ No	
☐ RESIDENTIAL: Length of extension requested? (cannot exceed 180 days):				
□ COMMERCIAL:	Length of extension requested? permit extensions cannot excee	(Applica d 180 da	ation extensions cannot ays):	exceed 90 days;
Please provide the r	eason(s) for the extension reques	st below:		
OFFICE LISE ONLY	<i>.</i> .			
OFFICE USE ONLY				
□ Approved □ De				
By:	Date:		Signature:	
New expiration date	if applicable:			
Response submitted	d to:			

BLDG – Request for Permit or Permit Application Extension

