



REQUEST FOR PERMIT EXTENSION

PERMITTEE INFORMATION

Permittee Name: _____
Address: _____
Contact Name: _____ Title: _____
Email Address: _____
Phone No.: _____ Fax No.: _____

PERMIT INFORMATION

Permit Type: Construction/Excavation Encroachment Utility Temporary Traffic Control
Permit No.: _____ Project Name: _____
Location of Work: _____

I, the above-named Permittee, am requesting that the Engineering Division of Public Works extend the aforementioned Permit for a period, not to exceed 30-days 60-days 90-days 180-days 1-year because I was unable to complete the permitted work under the original conditions and timeline of the Permit due to the following;

Should an extension of the Permit be granted, it is understood that all previous standards, plans, agreements, and acknowledges shall remain in full force and effect.

Signature of Permittee

Print Permittee Name

Title

Date: _____



City of Victorville
REQUEST FOR PERMIT TO WORK IN CITY RIGHT-OF-WAY
Engineering Division, Public Works Department

****TO BE COMPLETED BY CITY STAFF ONLY****

Received By: _____

Date Received: _____

Action:

Approved: Yes No

Approved By: _____

Date Approved: _____

Approval Length: 30-days 60-days 90-days 180-days 1-year Other:_____

Denied: Yes No

Denied By: _____

Date Denied: _____

Reason Denied: _____

Notification to Permittee:

Method: Phone Email Letter Fax

Staff Name: _____

Date: _____