



## Clatsop County Building Codes Division

800 Exchange Street, Suite 100  
Astoria, Oregon 97103  
[buildingdivision@co.clatsop.or.us](mailto:buildingdivision@co.clatsop.or.us)

Phone 503-338-3697  
Fax 503-338-3666

### Permit Extension Request

Permit Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Jobsite Address: \_\_\_\_\_

#### OSSC 105.5 Expiration.

Every permit issued shall become invalid unless the work on the site authorized by such permit is commenced within 180 days after its issuance, or if the work authorized on the site by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. The Building Official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated.

This permit extension request form must be submitted prior to the expiration date of the permit.

I hereby request an extension of the above noted permit for a period not to exceed 180 days. I acknowledge I am the owner, or agent acting on behalf of the owner, of the property associated with this permit.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please describe/demonstrate the justifiable cause for the delay of the work covered by this permit and when the work is anticipated to be completed.

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Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Please allow up to 5 working days for the review process. You will be notified through the contact information you provide on this form. Payment of fees is due within 5 working days of notification or your permit will be expired and you will have to re-apply for a new permit. It is not the responsibility of the Clatsop County Building Division to send reminders notifying the permit holder of expiration dates.

Approved



Denied



\_\_\_\_\_

Date

\_\_\_\_\_

Building Official

**Permit Extensions**

Extension of permits shall be requested in writing with justifiable cause demonstrated.

Extension request must be received prior to the expiration date of the permits.

NOTE: It is not the responsibility of the Clatsop County Building Division to notify the permit holder of expiration dates.

Residential permit extension fee (Includes s/m/p/e)

1<sup>st</sup> request..... \$106

2<sup>nd</sup> request..... \$212

Commercial permit extension fee (Each code discipline)

1<sup>st</sup> request..... \$106

2<sup>nd</sup> request..... \$212

**Renewal of Expired Permits**

Expired permits not yet six months past their expiration date (Each code discipline)..... \$106

Or whichever is greater ..... \$212

Expired permits six months past their expiration date but not yet 12 months (Each code discipline).. \$106

Or ½ the original permit fees, whichever is greater

Expired permits over one year past their expiration date..... New application with current valuation fees

Expired permits lacking only final inspection (Each code discipline)..... \$106

However, in the event the governing code has been updated, additional cost and requirements necessary.



**CREDIT CARD AUTHORIZATION  
FOR PERMIT APPLICATION  
FASCIMILE SHEET**

To: Building Codes From: \_\_\_\_\_  
Company: Clatsop County Date: \_\_\_\_\_  
Fax: 503-338-3666 # of Pages (including cover): \_\_\_\_\_  
Phone: 503-338-3697 Fax: \_\_\_\_\_  
RE: **PERMIT APPLICATION** Phone: \_\_\_\_\_

**NAME AS IT APPEARS ON CARD**

\_\_\_\_\_  
**VISA/ MC #**

**EXPIRATION DATE**

\_\_\_\_\_  
**CREDIT CARD BILLING ADDRESS WITH ZIP CODE**  
(Billing Address where the above credit card statements are delivered)

\_\_\_\_\_  
**CONTACT PHONE #**

\_\_\_\_\_  
**\*\*THIS DOCUMENT WILL BE DESTROYED AFTER YOUR PAYMENT IS PROCESSED**