On Official Letterhead please include the following information

Date:

Plan Review Supervisor Name

CAL FIRE Office of the State Fire Marshal

Fire and Life Safety Division

2251 Harvard Street, Suite 130

Sacramento, CA 95815

Dear: (Plan Review Supervisor Name)

This is a formal request for a plan review application extension for the following project:

Project Name:

Facility Name:

Project Address:

State Agency Point of Contact:

SFM File #:

SFM Permit #:

Permit Application Creation Date:

Last Deficient Plan Review Date:

Previous Approved Plan Review Application Extensions and Expiration Dates: (Number of Extension and Expiration Date)

Project Code Cycle Year:(Code Year Edition Project Was Approved Under)

Project Description

The project (Brief description of project, e.g., Scope of Work)

The project was delayed due to (A brief description or rationale)

If you have any questions or require additional information, please contact (Contact information)

Salutations,

Signature

Signature block with

Title

Agency

Contact information

The plan review application extension of the referenced project has been granted for one 90-day period to the newly established expiration date indicated below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Plan Review Supervisor Expiration Date