



DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
Fire and Life Safety Division
2251 Harvard Street, Suite 130
SACRAMENTO, CA 95815
(916) 568-3801
Website: www.osfm.fire.ca.gov



Purpose:

Clarify the process for requesting extensions for construction permits issued by CAL FIRE Office of the State Fire Marshal in which site work has not commenced. Permit expiration shall be determined by the date of the original permit issuance and not subsequent addendum approvals.

Scope:

In accordance with California Health and Safety Code (HSC) §18938.6(a) and (b), every permit shall remain valid if the work on the site authorized by that permit is commenced within 12 months after its issuance, unless the permittee has abandoned the work authorized by the permit. The building official may grant, in writing, one or more extensions of time for periods of not more than 180 days per extension. The permittee shall request an extension pursuant to this subdivision in writing and demonstrate justifiable cause for the extension.

Process:

A permit extension request is required to contain the requesting State Agency name, logo, and address at the top. The permit extension request must be facilitated and signed by the requesting agency representative. The requesting agency may use the attached template for guidance. The permit extension letter needs to be addressed to the responsible Supervising Deputy State Fire Marshal (DSFM) for the area the project is in. Please refer to the [Fire and Life Safety Contact Information](#). The applicant is responsible to ensure the approved plans are uploaded to GOVMotus manage documents to its respective permit number prior to the request or provide the permit number if the project was reviewed electronically in Project Dox.

On Official Letterhead please include the following information

Date:

Area Supervising DSFM Name

CAL FIRE Office of the State Fire Marshal
Fire and Life Safety Division
2251 Harvard Street, Suite 130
Sacramento, CA 95815

Dear: (Area Supervising DSFM Name)

This is a formal request for a permit extension for the following project:

Project Name:

Facility Name:

Project Address:

State Agency Point of Contact:

SFM File #:

SFM Permit #:

Permit Approval Date:

Permit Valid Until: (1- year from date of issuance)

Previous Approved Permit 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 original 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 permit extension of the referenced project has been granted for one 180-day period to the new established expiration date indicated below.

Supervising Deputy State Fire Marshal

Expiration Date