



**Development Services**  
 1222 First Ave., MS-301  
 San Diego, CA 92101  
 (619) 446-5000

# Application Extension Request for Grading/Right-of-Way and Mapping Projects

**FORM**  
**DS-4100**  
 OCTOBER 2016

This form shall be used to request an application extension for Grading/Right-of-Way Permits or Process One mapping actions. These applications expire 2 years from the date the application is deemed complete and may be extended for a period of 180 calendar days per Section 112.0102 of the Municipal Code.

This completed application may be mailed or delivered to the address above.

**Attention:** Project Processing Section

1. Project Address/Location: \_\_\_\_\_

2. Project Number: \_\_\_\_\_

Approval Number(s): \_\_\_\_\_

3. Reason for Extension Request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Applicant Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check one  Property Owner  Authorized Agent of Property Owner  Other Person per M.C. Section 112.0102

**Applicant's Signature:** I certify that I have read this application and state that the above information is correct, and that I am the property owner, authorized agent of the property owner, or other person having a legal right, interest, or entitlement to the use of the property that is the subject of this application (Municipal Code Section 112.0102).

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

For City Use Only

Approved

Your request has been granted and the application has been extended to \_\_\_\_\_. If a permit has not been obtained by the date of the newly authorized application extension, the project will be closed. To reapply in the future, the applicant will be required to submit a new application with required submittal materials, and will be subject to all applicable fees and regulations in effect on the date the new application is deemed complete.

Denied

An extension will not be granted on this project for the following reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Deputy City Engineer Name (Please Print): \_\_\_\_\_

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