Sunnyvale

REQUEST FOR ADDITIONAL HOURS OF CONSTRUCTION

Submit this completed form to the Building Safety Division at the One-Stop Permit Center a minimum of five working days before the requested date.

Project Number: _____

Project Address: _____

Requested By: ☐ Property Owner ☐ Engineer ☐ Contractor
☐ Architect ☐ Other: _____

Requested Time and Date of Construction Hours: _____

Reason for Request: _____

Requested Scope of Construction Activity: _____

_____

Contact Person Name: _____

Telephone Number: _____ E-mail: _____

Address: _____

City, State, Zip Code: _____

************************************Staff Use************************************

☐ Denied _____

☐ Approved for the following additional hours of construction:

Monday-Friday: _____

Saturday: _____

Sunday/National Holiday: _____

Construction Activity Allowed: _____

_____

If a complaint is received during these additional construction hours, this approval is automatically revoked and all construction shall immediately cease.

_____ _____
Chief Building Official Date