



City of Salinas
Permit Services

Request for Plan Check Extension Permit Extension or Reinstatement

FORM
PS-105.5
March 2021

This form shall be completed to request an extension of time for a Plan Check Extensions, Building Permit Extensions or Permit Reinstatements.
A separate form is required for each building permit. Print legibly or type.

I. GENERAL PROJECT INFORMATION

Project Address: **11 Hill Circle**

Permit / Plan Check Number: **B22-0016**

Type of Permit: **Residential**

Current Expiration Date: **4/25**

Permit Issue Date (if applicable): **N/A**

I hereby request a permit extension due to the following:

On February 8, 2025 I was in a serious car crash on HWY 68. I spent approx 10 days in the hospital in Salinas and was then transferred to Valley Medical Center in S.J. CA. I was released on March 18. and am continuing to recover at home. I have just restarted to slowly work. I want to complete this project please consider my extension. Regards John Filighera

II. APPLICANT INFORMATION

Applicant's Name: **U4Ric Investments - John Filighera** Check one ☒ Property Owner ☐ Permit Holder

Address: **484 B Washington St #320** City: **Salinas** State: **CA**

Email: **jfc@cruzio.com** Telephone: **831 645-1000** Date: **March 27, 2025**

CITY STAFF USE ONLY

APPROVED

- ☐ The utilization for the subject permit has been extended to
- ☐ This is the final extension and, if the final inspection approval has not been obtained by [date], a new permit must be obtained to complete the work unless the permit qualifies for a *completion of work or final only*. See section C below.

DENIED

- ☐ There has been a significant change in the regulations applicable to the site since the date the permit was issued;
- ☐ The additional extension is not in the public interest; or
- ☐ Circumstances were not beyond the control of the applicant that would prevent the authorized work from proceeding.
- ☐ Other:



Staff Name:

Signature:

Date: