

REQUEST FOR PERMIT EXTENSION

This Request for Permit Extension will be reviewed by the Building Official who will determine whether or not the extension is granted based on the information provided below.

Please note if extension request is NOT paid within 30 days of approved request a new request will be required.

Please complete the following required information.

DATE	PERMIT #	PERMIT TYPE		
CONTRACTOR/	OWNER NAME			
TELEPHONE #_		CELL PHONE #		
JOBSITE ADDR	ESS			
LICENSE #				
	EXPIRED			
HAS THIS PERMIT BEEN PREVIOUSLY EXTENDED? YES or NO				
IF YES, H	IOW MANY TIMES?			
PLEASE PROVIDE THE REASON(S) FOR YOUR REQUEST TO EXTEND THIS PERMIT BELOW.				
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THIS PERMIT E	XTENSION REQUEST IS:	APPROVED	DISAPPROVED	
LENGTH/TERM	OF EXTENSION:		FEE:	
<u> </u>	1: 000 : 1			
Signature of Build	ding Official		Date	
Notes by the Buil	ding Official:			