

[RETURN TO TOC](#)

**PERMIT EXTENSION REQUEST**

DATE: \_\_\_\_\_

PERMIT#: \_\_\_\_\_

LENGTH OF EXTENSION WILL BE 90 DAYS FROM THE APPROVED DATE.

PLEASE STATE THE REASON FOR THE PERMIT EXTENSION BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Minimum permit fee is required at the time the extension is granted.**

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER OR CONTRACTOR

\_\_\_\_\_  
DATE

Phone # of Signor: \_\_\_\_\_

\_\_\_\_\_  
APPROVAL – BUILDING DEPARTMENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Fee (for use by Building Department Only)