



**PERMIT EXTENSION REQUEST**

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

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

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

Please state and describe the reason for the extension:

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

**Fee: 15% of original permit fee or \$55, whichever is greater**

\_\_\_\_\_  
Property Owner Signature and/or Contractor Signature

\_\_\_\_\_  
Date

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

Email address of Signor: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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