



## Request for Extension

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TODAY'S DATE \_\_\_\_\_

BUILDING PERMIT NO. \_\_\_\_\_

PERMIT ORIGINALLY ISSUED DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PLEASE EXTEND THE EXPIRATION DATE ON THE ABOVE BUILDING PERMIT FOR SIX MONTHS TO EXPIRE:

\_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF PERMIT HOLDER \_\_\_\_\_

APPROVAL OF BUILDING INSPECTOR \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_