

MUST BE COMPLETELY FILLED OUT

Permit #					
PROPERTY ADDRESS:					
OWNER NAME	MAIL ADDRESS		ZIP	PHONE #	
CONTRACTOR	MAIL ADDRESS		ZIP	PHONE # CELL #	
An application for such application	me limitation of Application for a permit for any proposed n has been pursued in good fa tensions of time for additional e demonstrated.	l work shall be deemed faith or a permit has be	een issued; except that	ned 180 days after the date the building official is autho	orized to grant
**PERMIT MUST BE IN	I GOOD STANDING AT TIME O	of the request. If f	PERMIT HAS EXPIRED, I	A NEW PERMIT MAY BE RE	QUIRED.
Scope of Work:					
· 					
Original Permit Issue	Date :				
0	ed: YES NO				
	d Inspection:				
Reason for Extension):				
Estimated Time for Ex (not to exceed 90 day	xtension ys)	-	# of Previous Extens	sions:	-
			Date:		
Signature of Qualifier/	/Permit Holder				
Print Name					
	ANTED for	day period		ON DENIED	
EXT. FEE: Minimum	\$50.00 or 1% of the permit	ו fee (which ever is g	reater) RECIEPT #	Clerk Init	ials
			Date:		
BUILDING OFFICIAL	L SIGNATURE OR DESIGNE	ΞE			