



**Building Services Department  
PERMIT EXTENSION REQUEST**

Date: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
Property Address: \_\_\_\_\_

**Length of extension will be 90 days from the original permit expiration date.**

Please state the reason for your extension request:

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Fee: \$30.00 per permitted work type; limited to two extensions

\_\_\_\_\_  
Signature of Contractor/Owner \_\_\_\_\_  
Date

Phone number of Signor: \_\_\_\_\_

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**Office Use Only**

\_\_\_\_\_  
Approval – Building Department \_\_\_\_\_  
Date

\_\_\_\_\_  
Amount Due