

Permit or Plan Check Extension Request Form

Permit / Plan Check Number _____ Date of Application _____

Applicant Name _____ Best Phone number _____

Project Address _____

Owners Name _____

Date of last activity: Inspection Plan Check _____

Current Expiration Date: _____

Explain why extension is needed : _____

Type of Permit / Plan Check

- Residential Commercial Industrial
- Addition Pool / Spa Patio Cover / Balcony
- Retaining Wall Other _____

Only one permit extension of 180 days is allowed and only two plan check extensions of 90 days each are allowed. By signing below, I acknowledge that if work is not completed within the required time frame, the permit or plan check will expire and additional fees will be incurred to reissue or resubmit the project.

_____ Date _____

Applicant's Signature

Extension Approved Until: _____ Denied

(New expiration date)

Comment: _____

_____ Date _____

Approved by