



EXTENSION REQUEST APPLICATION

APPLICANT INFORMATION

APPLICANT NAME: _____

BUSINESS NAME (if applicable): _____

APPLICANT AFFILIATION WITH PROPERTY (i.e. owner, manager, etc): _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL ADDRESS: _____

SITE ADDRESS: _____

LEGAL DESCRIPTION: LOT(S): _____ BLK(S): _____ SUB: _____

EXTENSION REQUEST TYPE:

PERMIT OR CASE #

TIME REQUESTED

BUILDING PERMIT # _____ / DAYS

TEMPORARY C OF O & PERMIT # _____ / DAYS

CODE ENFORCEMENT CASE # _____ / DAYS

BUILDING INSPECTOR CASE # _____ / DAYS

OTHER: _____ / DAYS

REASON(S) FOR EXTENSION: *(Please attach additional pages and/or supporting documentation if needed.)*

**** Approval of all extension requests are at the discretion of the Planning & Development Director and/or Building Inspector****

Print Name

Title

Signature

Date

******* FOR INTERNAL USE ONLY*******

CURRENT EXTENSIONS:

(To date, if any)

1ST _____

2ND _____

3RD _____

FINAL _____

EXTENSION REQUEST:

DISAPPROVED APPROVED

DAYS APPROVED: _____

EXTENSION: 1ST 2ND 3RD FINAL

Authorized Official

Date

[DATE STAMP]

COMMENTS: _____

