

BUILDING PERMITS EXTENSION APPLICATION

Please complete this form and submit it to our department. We will send this form back to you with a reply.

Date:	_	
Building Permit #:	Date of Last Insp	(MM/DD/YYYY)
Job Site Address:		(MM/DD/YYYY)
I would like to obtain an extensio	n for my building permit for the following	reason(s):
	ete the project:	
Relation to Application / Permit:		
Owner Contrac	ctor Applicant	Authorized Agent
Applicant's Name:	Phone Nur	nber:
Mailing Address:		
Email Address:		
Applicant's Signature:		
THIS	PORTION TO BE COMPLETED BY THE I	NSPECTOR
	New Expiration Date	:(MM/DD/YYYY)
		(MM/DD/YYYY)
Comments / Reason:		
Inspector's Signature:		Date:(MM/DD/YYYY)
Maximum allowable time to be granted per C Permit = 180 Days Application = 90 Days	BC Section 105	