



EXTENSION REQUEST FORM

Date: _____

Job Address: _____

Applicant's e-mail address or fax #: _____

Permit #: _____

Please extend this permit for one hundred eighty (180) days from the approval date below. I understand an approved inspection must occur within this time. Each **successful** or **approved** inspection will extend the permit for an additional one hundred eighty days (180) from the date of that inspection.

(For this extension to be granted, you must provide the reason for the delay. Please provide as much information as possible.)

The job was delayed due to _____

(Should this request be granted, a confirmation will be sent to you at the above e-mail address or fax number.)

Owner or Contractor Printed Name

Owner or Contractor Signature

RETURN THIS FORM BY FAXING TO 464-3886

**FOR OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE**

Habitat Approved Disapproved

Habitat Extension Approved By

Date

Extension Approved Disapproved

Extension Approved by

Date

Permit Extended until: _____