



Plan Check / Permit Extension Request

Permit #: _____ Date of Issued Permit: _____

Name: _____ Phone: _____

E-Mail: _____

Address: _____

Project Name: _____

State Reason for Extension: _____

Signature

Date

Office Use Only

Request Approved Extension Expires on: _____

Request Denied: _____

Signature

Date

Computer Entry By: _____