



EXTENSION FORM

Date: _____ Permit #: _____

Primary Permit # (if required): _____ Contractor: _____

Phone #: _____ Address: _____

Contractor's E-mail Address: _____

Owner's name: _____

Job Address : _____

Permit Description: _____

Permit Expiration Date: _____ Has work commenced yet? _____

Reason for extension: _____

Estimate time of extension: _____ No. of other extensions: _____

(MAXIMUM 90 DAYS)

(MAXIMUM 3 EXTENSIONS ALLOWED)

Signature of Licensed Contractor/Qualifier

Print name of Licensed Contractor/Qualifier

State of Florida

County _____

Sworn to and subscribed before me this _____ day of _____, _____

By: _____ () Personally known () Produced Identification

Type of Identification _____

Signature of Notary Public: _____

Seal

Extension granted Permit extension period _____

Extension denied _____ Reason for denial _____