



# 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)**

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 \_\_\_\_\_