

COLLIER COUNTY BUILDING PERMIT EXTENSION or RE-ACTIVATION FORM

Growth Management Department | 2800 N. Horseshoe Drive, Naples Florida 34104 TEL: 239-252-2400
Collier County Fax No: (239) 252-6318 E-mail: GMDPermitExtension@colliergov.net

Permit No. _____ Primary Permit No. (if applicable): _____

JOB LOCATION	Job Address: _____	CONTRACTOR / PROFESSIONAL INFORMATION	Contractor	Owner Builder	Design Professional
	Parcel # / Folio: _____		Company Name: _____		
	Owner's Name: _____		Qualifier/Authorized Signatory: _____		
	Agent Submitting Request: _____		Contact Name: _____		
			Address: _____		
	City: _____ State: _____ Zip: _____				
	Phone _____ Fax: _____				
	E-mail Address: _____				

Date of Request: _____ Original Permit Expiration Date: _____ Has work commenced? **Yes** **No**
Type of Request:

Active Permit Extension: Permits in an active status (Issued, Inspections Commenced) may be extended for 90 days with approval of Building Review Staff. Payment of Permit Extension fee is required before any Inspections can be scheduled.

Reactivate an Expired Permit – Expired up to 180 Days: Requests for re-activation of permits in an expired status require the approval of Building Review staff. These Permits can be extended for 90 days pending approval and payment of Permit Extension fee is required before any Inspections can be scheduled.

Reactivate an Associated or Accessory Permit: Must reference valid primary permit above.

Reactivate an Expired Permit – Greater than 180 Days: PERMITS EXPIRED FOR MORE THAN 180 DAY MAY NOT BE RE-ACTIVATED, A NEW PERMIT APPLICATION IS REQUIRED. If there are extenuating circumstances, the request will require prior approval by the Building Official before being processed.

Justification for extension request:

No. of previous extensions: _____

COMPANY NAME: _____ STATE LICENSE NO: _____

QUALIFIER/AUTHORIZED SIGNATORY NAME (PRINT): _____

QUALIFIER/AUTHORIZED SIGNATURE: _____

STATE OF: _____ COUNTY OF: _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS ___/___/___ WHO

IS PERSONALLY KNOWN: _____ OR HAS PRODUCED ID: _____

TYPE OF ID: _____

NOTARY PUBLIC SIGNATURE: _____ (SEAL)

PLEASE DO NOT WRITE BELOW- FOR STAFF USE ONLY

Extension/Re-Activation

Approved – Extension Period: _____ days

Denied – Reason:
