

Building Official's Signature:

PERMIT #:	
PIN #:	

Permit Extension/Renewal Request

Property Address	Date
Parcel ID#Owne	r Name
Contractor/Authorized Agent or Owner	License #:
Phone # (Email Address	
Select C	One:
Request for 30 Day Extension (Must be requested prior to the exp	iration of the permit) \square
Request for Permit Renewal (If approved, will be valid for 180 days)	
Reason for request:	
Work done so far:	
Stat	e of Florida, County of
Property Owner's/Contractor's Signature Affi	irmed to and subscribed before me this
	, by
Property Owner's/Contractor's Printed Name pers	sonally known to me or who has produced identification.
Тур	e of Identification Produced
Not	ary Signature:
Not	ary (print or stamp name)
	E ONLY =
Name of Permit Technician: Is the	
Is the property located in a Special Flood Hazard Area per the curre	
Sumber of prior extensions: Number of prior renewals:	
Date permit was originally issued: Date permit expired:	
Code cycle the permit	
☐ Sixth Edition of FBC (Effective 12/31/17)	Fifth Edition of FBC (Effective 6/30/15)
□ 2010 FBC (Effective 3/15/12)	□ 2009 FBC 2 nd Supplement (Effective 10/1/09)
□ 2007 FBC or 2009 FBC 1 st Supplement (Effective 3/15/09)	☐ Other Previous Code Version
☐ Request Approved ☐ Request Approve	ed with Conditions Request Denied