

REQUEST FOR PERMIT EXTENSION

| PROJECT ADDRESS: | | | | | | Permit # | | |
|---|--------------------------|-------------|-----------------|----------------------------|--------------|----------|---------------|------------------|
| Description of | | | | | | | | |
| work on Permit Application: | | | | | | | | |
| PETITIONER INFORMATION: | | | | | | | | |
| Property Owner of Record Architect of Re | | | | | | 🗆 Enç | gineer of Rec | ord |
| Current Property Owner | | | | Contractor of Record Other | | | | |
| Petitioner's Name: | | | | | | | | |
| Street Address: | | | | | City: | | | Zip Code: |
| Phone: | | | E-mail Address: | | | | | |
| JUSTIFICATION: Show what circums beyond your control prevented you from m the time limit, what pro you have made to date the present condition property. Attach add | | | | | | | | |
| information as needed. Petitioner's Signatu | | | | | Date: | | | |
| reinioner s Signalu | | | | | Dale. | | | |
| | | | | For staff u | | | | |
| Has this permit been extend | | led before? | □ YES □ | NO | Date Extende | d To: | / / | |
| Date Plans Submitted | 1: | / | / | Date Permit Iss | ued: | / | / Pe | ermit Valuation: |
| Expiration Date: | | / | / | Date of Last Ins | spection: | / | / \$ | |
| Date of Request: | / / Changes in Law/Code: | | | | | Yes 🗆 No | | |
| Approval of Building & Safety Staff: Date: / / | | | | | | | | |
| Approval of City Building Official: | | | | | | | Date: | / / |
| Request Approved: Request Denied per BHMC 9-1-107.N: 180-day extension Exceeds number of allowable extensions. Max 1 extension allowed. 90-day extension (BHMC 9-1-107.N.1) Changes in Law/Code Changes in scope of work Other: | | | | | | | | |