



Extension/Withdrawal Request Form

Type of Request: Extension Withdrawal

Check all that apply: Building Permit Structural Plumbing Mechanical Plan Review

Dangerous Building – Extension of Time to Perform Work

Planning Application - Type: _____

Other: _____

Project Permit Number: _____ Expiration Date: _____

Location or Site Address of Project: _____

Project Name: _____

List **All** Project Permit Numbers Associated with this Project: _____

State reason for this request: _____

Applicant Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone Number: _____ Email: _____

Property Owner Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

I hereby request an extension/withdrawal for the above noted permit number. I acknowledge I am the property owner or applicant acting on behalf of the owner of the property associated with this request.

Signature: _____ Date: _____

Applicant Property Owner (please check applicable box)

Date Received:	Received By:	Approved By:
Fee Amount:	Date Paid:	Receipt #