PERMIT EXTENSION REQUEST

Date: _____/_____/_____

Re: Extension of Permit Number ______________________

ONLY ONE (1) EXTENSION IS ALLOWED BY THE BUILDING OFFICIAL AT COST OF $72.25. A BOARD OF RULES AND APPEALS APPROVAL REQUIRED BEYOND THE FIRST EXTENSION.

To whom it may concern:

This letter is to request a 90 day extension on the above referenced permit number for the following reasons:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Sincerely:

________________________________________________________________________________________

(Signature of Qualifier, Owner-Builder or Owner-Builder’s Agent)

STATE OF FLORIDA                  COUNTY OF MIAMI DADE

Sworn to and subscribe before me this _____ day of ________________, 20 ___ by:

________________________________________________________________________________________

Printed Name of Signer

[    ] Personally known to me [    ] or Produced Identification

Type of Identification: __________________________________________________________________

[    ] Did take Oath [    ] Did not take Oath

__________________________________________

Signature of Notary Public

FOR OFFICE USE ONLY

Approved By: __________________________     Reviewed By: __________________________
Permit Issued Date: __________________     Permit Date: __________________
Last Inspection Date: __________________     Jobsite Address: __________________