City of Clermont

PERMIT EXTENSION REQUEST

DATE: _____

PERMIT#: _____

LENGTH OF EXTENSION WILL BE 90 DAYS FROM THE APPROVED DATE.

PLEASE STATE THE REASON FOR THE PERMIT EXENSION BELOW:

_____

_____

_____

_____

_____

_____

Fee: 10% of original permit fee or $55, whichever is greater

_____ _____

SIGNATURE OF PROPERTY OWNER OR CONTRACTOR DATE

Phone # of Signor: _____

_____ _____

APPROVAL – BUILDING DEPARTMENT DATE

_____

Fee (for use by Building Department Only)