



BUILDING DIVISION

60 DAY PERMIT EXTENSION REQUEST
For Permit in Applied Status

Date: _____ / _____ / _____

Extension of Permit No: _____

Permit Expiration Date: _____

Jobsite Address: _____

Phone Number: _____

To Whom It May Concern:

This letter is to request a **60 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 BROWARD**
Sworn to and subscribe before me on this _____ day of _____, 20____.

By: _____
Print Name of Signer

The foregoing instrument was acknowledged before me **by means of:** **physical presence** or **online notarization**, this _____ day of _____, _____(year), by _____ (name of person acknowledging).

Signature of Notary Public

Please Note: The Extension process fee is 10% of the “Permit Fee” or \$20.00, whichever amount is greater will be applied.

<p>FOR OFFICE USE ONLY: Permit Services Rep.: _____</p> <p>Approved By: _____ Approved Date: _____</p>
