



Extension Request

Property Owner Agent / Applicant
Mailing Address Mailing Address
City/State/Zip City/State/Zip
Phone Number Phone Number

Site Address Existing Permit # (If applicable)

Extension Request For: Application 30 day (no fee) Authorization to Construct
1 year (fee required) Permit # issued, system not installed (fee required)

Reason for extension request:

- I hereby attest that I am the legal owner of the property or an agent thereof and that the information provided is complete and accurate to the best of my knowledge.

Signature Date

This section to be completed by the Health Department
Comments
Approved By Date Date Expires

Amount Received Cash Check (#) Credit Card Receipt #