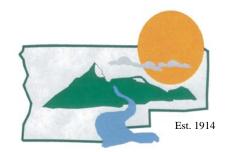
## **JEFFERSON COUNTY**

## COMMUNITY DEVELOPMENT DEPARTMENT





## REQUEST FOR PERMIT OR PERMIT APPLICATION EXTENSION

| Acct#   | Permit #/s     |
|---|----------------|
| JOB ADDRESS:  |                |
|   | CONTACT PHONE: |
| MAILING ADDRESS:  |                |
| EMAIL ADDRESS:  |                |
| CONTRACTOR:   | CONTACT PHONE: |
| MAILING ADDRESS:  |                |
| EMAIL ADDRESS:  |                |
| EXTENSION REQUEST: Has this permit has any previous extensions? ☐ Yes Reason for extension request: | □ No           |
|   |                |
|   |                |
| Signature of Owner or Authorized Agent: Date:   |                |
| OFFICIAL USE ONLY   |                |
| □ Approved □ Declined Authorized by:  | Date:          |
| Permit expiration date with extension:  |                |
| Owner was notified by: ☐ mail ☐ email ☐ other   |                |
| Ву:   | Date:          |