



Application for Six Month Extension on Installation Permit

Date Permit Issued: _____

Detailed explanation for requesting extension:

[illegible]

CONTINUED ON NEXT PAGE

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Have any changes been made to the original Installer, Contractor and/or Subcontractor noted on permit?

☐ NO ☐ YES **If yes, please provide current Installer, Contractor, and/or Subcontractor information.**

Company Name _____

License Number _____ License Classification _____ Phone Number _____

Email Address _____

Check work being performed ☐ ELECTRIC ☐ PLUMBING ☐ GAS ☐ MECHANICAL

☐ ACCESSORY STRUCTURE _____

☐ OTHER _____

Company Name _____

License Number _____ License Classification _____ Phone Number _____

Email Address _____

Check work being performed ☐ ELECTRIC ☐ PLUMBING ☐ GAS ☐ MECHANICAL

☐ ACCESSORY STRUCTURE _____

☐ OTHER _____

Company Name _____

License Number _____ License Classification _____ Phone Number _____

Email Address _____

Check work being performed ☐ ELECTRIC ☐ PLUMBING ☐ GAS ☐ MECHANICAL

☐ ACCESSORY STRUCTURE _____

☐ OTHER _____

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

THIS SECTION IS FOR OFFICE USE ONLY			
<input type="checkbox"/> Approved _____ NEW EXPIRATION DATE	Processed By:	Date Processed:	Fee Received:
	Check #:	Receipt # :	
<input type="checkbox"/> Denied			
COMMENTS:			