



CITY OF FLAGLER BEACH
BUILDING DEPARTMENT

PERMIT EXTENSION REQUEST

Permit Number: _____ Expiration Date: _____

Address of Project: _____

Contractor: _____ License Number: _____

Contact: _____ Phone: _____ Fax: _____

Reason for Extension Request:

Large empty rectangular box for providing the reason for the extension request.

Signature of Contractor: _____

STATE OF FLORIDA
COUNTY OF FLAGLER

Sworn to and subscribed before me this _____ day of _____ 20____

By _____ who is personally known to me or who has produced
_____ as identification.

Notary Public, State of Florida Signature

SEAL

Extensions may be granted up to a max of 90 days with a valid reason prior to expiration date.
Fees will be charged in accordance with Flagler Beach Resolution 2011-42.

For Office Use Only:

[] Approved

New Expiration Date: _____

[] Disapproved

Fee: _____

Building Official _____