

EXTENSION OR REACTIVATION FORM

Date of Request: _____

Permit No. _____ Primary Permit No. (if applicable): _____

PROPERTY INFORMATION:

Property/Job Address: _____

Parcel/Tax Folio No.: _____

FORM COMPLETED BY TYPE OF QUALIFIER: Contractor Owner-Builder Design Professional

QUALIFIER INFORMATION:

Company Name: _____

Qualifier Name: _____ Phone: _____

Email Address: _____

Justification for extension request: _____

Number of previous requests: ____ Has work commenced? Yes No

Qualifier State License No.: _____

(Qualifier/Owner-Builder Signature)

(Printed Name of Qualifier/Owner-Builder)

NOTARY

State of FLORIDA
County of COLLIER

The foregoing instrument was SWORN TO (or AFFIRMED) and SUBSCRIBED before me this ____ day of _____ 20____,
by (Qualifier Name) _____, who is personally known ____ or produced identification ____.
Type of identification produced _____.

Seal

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary)

OFFICE USE ONLY

Extension/Reactivation

Staff Initials: _____

APPROVED - Extension Period ____ days

DENIED - Reason: _____