



City of Alachua

BUILDING DEPARTMENT
15100 MAIN STREET
PO BOX 9
ALACHUA, FL 32616
Phone: (386)418-6120 * Fax: (386)418-6130

PERMIT EXTENSION REQUEST

DATE: ___/___/___

PERMIT NUMBER: _____

REF: Contractor Name: _____

Job Address: _____

Extension Reason: _____

Contact Name: _____

Contact Address: _____

Phone Number: _____

This letter is to request a 90 day extension on the above referenced permit number for the above listed reasons. I understand that only 1 (one) extension is allowed and if construction has not begun on this project I will need to re-apply for the permit and will have to pay all permit fees again. Attached you will find a copy of the original permit and a copy of the receipt for payment made.

Should you need further information, please contact the above listed contact person at the phone number indicated.

Sincerely;

Signature of Applicant

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20__ by _____
_____ who is personally known to me, or who has produced identification.

Type of Identification: _____

(Seal)

Notary Public, State of Florida