



*City of Alachua*

BUILDING DEPARTMENT

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 \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me by means of \_\_\_ physical appearance or \_\_\_ online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_ by \_\_\_\_\_  
 who is personally known to me, or  who has/have produced \_\_\_\_\_ as identification.

(Seal)

\_\_\_\_\_  
Notary Public, State of Florida