NEW CASTLE COUNTY REQUEST FOR BUILDING PERMIT EXTENSION APPLICATION

PERMIT INFORMATION Permit Number _____ Permit Expiration Date _____

Tax Parcel Number	er(s)					
Brief Job Descript	ion					
Pormit Holder must o	complete appropriate box IDENT	TELCA TION				
refinit Holder must c	ombiete appropriate pox IDENT	IFICATION				
Applicant Name	e		Phone # (_)		
Contractor Name	e					
	t					
Phon	e # (Contractor ID #	<u> </u>			_
	I, the undersigned, am authorized to act on the	e behalf of the registered	l contractor identif	ied above.		
Applicant Signatu	ure			Date _	/	/
Homeowner (Requ	nired only for permits issued to homeowner,	not contractor)	Day			
Name	2		Phone # (_)		
Stree	t	City		State	Zip	
Homeowner Sign	ature			Date	/	/
_						
	be based upon consideration of all pert and the appearance and safety of the stru y Code.					
Identify reason	n construction has not been completed	within the required	time frame.			
List what is les	ft to complete the project in order to o	btain a Certificate of	f Occupancy.			
The \$75 fee for proce	essing must accompany this request. An		than 180 days*	will requi	re a \$75 fe	
You will receive a res	permit inspection history will be reviewe ponse in writing within 30 days. mit period is less than 180 days, the exten	□ Cash □ C	Check Number _		<u> </u>	
☐ Application Proce	essed Inspection Scheduled	☐ Extension	n Granted	□ Rec	uest Deni	ed*

Permit Extension Period _____ *Denial of extension requires attached explanation