



Building & Zoning Department  
 7777 NW 72 Ave  
 Medley Florida 33166  
 Tel: 305-887-6913  
 building@townofmedley.com

**Request for Extension -Temporary Certificate of Occupancy or Completion**

**Note: Master Permit Must be Active**

Date:	Master Permit:	TCO Number:
Job Address:	Parcel Number:	
Unit/Suite #:	Occupancy/Use:	
<b>Applicant/Contractor Name:</b>	<b>Owner/Business Name:</b>	
Applicant/Contractor Mailing address:	Owner/ Business Mailing address:	
Telephone Number:	Telephone Number:	
E-Mail Address:	E-Mail Address:	
Contact Name:	Contact Telephone Number:	
Contact E-Mail Address:		
<b>What is the reason for your Extension request?</b>		

Office Use Only	
No. of Extensions: _____ Expiration Date: _____	No. of Days Approved: _____
Invoice No: _____ Amount Due: _____	_____ Building Official      Signature
New Expiration Date: _____	Notification to Customer:

