



TOWN OF MEDLEY

BUILDING DEPARTMENT

7777 NW 72nd Avenue

Medley, Florida 33166

Office 305-887.9541 • Fax 305-885-6928

SEARCH REQUEST

(Only the Owner or Permit Holder may request a permit to be extended/reactivated/reinstated.)

This form may be submitted to the Town of Medley, Building Department in Person or emailed to building@townofmedley.com

This is a request for an extension / reinstatement of the following permit:

Permit / Application Number(s):		Job Address:	
Current Contractor Information		Owner's Information	
Name:		Name:	
Phone No:		Phone No:	
Address:		Address:	
City:		City:	
State & Zip:		State & Zip:	
Email:		Email:	
<input type="checkbox"/> Extension NEW EXPIRATION DATE: FBC-B 105.3.2		<input type="checkbox"/> Reinstatement NEW EXPIRATION DATE: FBC 105.4.1.2	
An extension can only be requested, if the permit is active and the permit holder needs additional time for inspections. Extensions are possible for <u>one period</u> of ninety (90) days, with not possibility of an additional extension.		A reinstatement can only be requested, if the permit is expired for less than one hundred and eighty (180) days. Reinstatements are possible for <u>one period</u> of one hundred and eighty (180) days, with not possibility of an additional reinstatements.	
<p>PLEASE CONTACT THE BUILDING DEPARTMENT STAFF FOR ANY APPROPRIATE FEE ASSOCIATED WITH THIS REQUEST</p>			

I/We certify that the above information is a true and accurate representation of the facts. Further, I/We agree to hold the Town of Medley, its agents, and authorized personnel, harmless and relieve them from any responsibility for damages or expenses, including but not limited to attorney's fees resulting from the cancellation of this permit or the issuance of a new permit. It is your responsibility to notify all interested parties of this Extension / Reinstatement Letter.

 Contractor's Signature or _____
 Owner or Agent Signature

State of _____ – County of _____
 Before me, an officer duly authorized to administer oaths and take acknowledgements, personally appeared _____, the Owner or Agent of the above property or the contractor of record who is sworn and subscribed to before me on this _____ day of _____, 20_____, who is personally known to me or who produced _____ as identification.

 Notary Signature
 (Print, Type & Stamp Commissioned Name of Notary Public)

Building Department Office:
APPROVED BY: _____ **Date:** _____