

## <u>Town of Medley</u>

**Building & Zoning Department** 

7777 NW 72<sup>nd</sup> Avenue Medley, Florida, 33166 Phone: 305-887-6913 Fax: 305-887-6928 <u>building@townofmedley.com</u>

## **Permit Extension Application**

| Date:  | Permit Number: |  |
|--|----------------|--|
| Job Address:   |                |  |
| Contact Person :   | Phone :        |  |
| E-mail :   |                |  |
| Only one extension is allowed by the building official.  |                |  |
| There shall be a fee of \$180.00 for any permit extension.                                     |                |  |
| To whom it may concern:  |                |  |
| This letter is to request a 90-day extension on the above referenced permit number. The reason |                |  |

for not completing the permit in 180 days is as follow:

| Affidavit   | <u>Affidavit</u>  |
|---|---|
| I certify under penalties of perjury, that I have read the entire application and<br>the above stated information is true and correct.<br>Print Owner nameOwner's SignatureOwner's Signature<br>State of Florida<br>County:<br>Sworn to and subscribed before me by day of 20<br>(Notary's signature and stamp)<br>Personally known<br>Produced ID Type | I certify under penalties of perjury, that I have read the entire application<br>and<br>the above stated information is true and correct.<br>Print Qualifier Name<br>Qualifier's Signature<br>State of Florida<br>County:<br>Sworn to and subscribed before me by day of 20<br>(Notary's signature and stamp)<br>Personally known<br>Produced ID Type |
| Office Use Only   Approved By: I   Permit Issued Date: I   Last Inspection Date: I  |   |

New Permit Expiration Date:\_\_\_\_\_