



Jefferson County Department of Development Services REQUEST FOR PERMIT EXTENSION

DATE OF REQUEST: _____ PERMIT NUMBER: _____

DATE PERMIT ISSUED: _____ DATE PERMIT EXPIRED: _____

SITE ADDRESS: _____

PERMIT HOLDER: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

FIRST PERMIT EXTENSION REQUEST: ☐ YES ☐ NO

REASON FOR REQUEST:

Death of Contractor ☐

Termination of Contractor ☐

Contractor Not Ready Causing Delay for this Work ☐

Other Reasons (Please provide explanation below) ☐

Signature of Permit Holder

Date of Signature

(DO NOT WRITE BELOW THIS LINE. FOR COUNTY USE ONLY)

☐ Approved ☐ Denied

FEE PAID: \$

DATE Paid:

PAID BY: CASH ☐ CREDIT CARD ☐ CHECK ☐ Check Number: