



Osceola County Building Office
 1 Courthouse Square, Suite 1400
 Kissimmee, Florida 34741
 Ph. (407) 742-0200 Fax (407) 742-0202

PERMIT EXTENSION REQUEST

(Issued permits only)

Permit Number: _____ Date Permit Issued: _____
 Construction Address: _____
 Contractor/Owner Name: _____
 Phone Number: _____ Fax Number: _____

Permits are good for a period of one (1) year, provided an inspection is passed within the first six (6) months and there is no lapse in inspections for more than six (6) months. NOTE: Permit Extension Requests must be made prior to the expiration of the permit. Two (2) 90-day extensions only **may** be allowed by the Building Official for the application if justifiable cause is demonstrated. (Note: The simple desire to put off the progress of the job is not considered justifiable). Permit Extension Requests must be signed by the contractor or by the owner/builder.

Reason for requesting permit extension: _____

 _____ . (Attach additional sheet if necessary)

 Signature of Contractor or Owner/Builder _____
 Date

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

- Approved
- Denied

Permit Number: _____ Building Permit Fee Amount (Total): _____
 Fee Extension Amount: _____ Date Paid: _____
 Receipt Number: _____ Cash Check Check Number: _____