



City of Fort Myers
Community Development Department
Building, Permitting and Inspections Division
1825 Hendry Street
Suite #101
Fort Myers, FL 33901
(239) 321-7925
E-Permits@Cityftmyers.com

PERMIT EXTENSION REQUEST

Date of Request: ____/____/____ Permit No. _____

Primary Permit No. (If applicable) _____

PROPERTY INFORMATION:

Property/Job Address: _____

Parcel/Tax Folio No.: _____

FORM COMPLETED BY: Contractor Owner-Builder Design Professional

QUALIFIER/OWNER-BUILDER INFORMATION: (Complete all that apply)

Company Name: _____

Qualifier/Owner Name: _____ Phone: _____

Email Address: _____

Justification for extension request: _____

Number of previous requests: _____ Has work commenced? Yes No

Qualifier State License No.: _____

(Qualifier/Owner-Builder Signature)

(Printed Name of Qualifier/Owner-Builder)

NOTARY

State of _____ County of _____ SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____ BY _____ (NAME OF PERSON MAKING STATEMENT), PERSONALLY KNOWN ___ OR PRODUCED IDENTIFICATION __, TYPE OF IDENTIFICATION _____

(SIGNATURE OF NOTARY PUBLIC)

(PRINT NAME OF NOTARY PUBLIC)

OFFICE USE ONLY
EXTENSION/REACTIVATION-

APPROVED

DENIED- REASON _____

STAFF INITIALS _____

SEAL