



Select One:

Permit application request: _____

Issued Permit request: _____

Permit No.: _____

Owner Name: _____ Date: _____

Date permit expired or will expire: Date: _____

If granted by the Building Official and after submitting the required fee, I understand that the above referenced action shall become invalid unless the work authorized by such issued permit extension is commenced within six (6) months after its granting. Or, if the work authorized by such issued permit had begun but lapsed that I must receive a passed inspection within 180 days of the last inspection. Or, if requested for a permit application extension and I do not pursue the application in good faith for a period of 90 days from this request.

I hereby request and extension of time for the period prescribed by the Florida Building Code for said issued permit or application for reasons described in the attached letter of explanation.

I acknowledge that as a result of this extension, my impact fees will be re-assessed at the rates that are in effect at the time of this extension request. I further acknowledge that this impact fee re-assessment will ONLY be waived if the impact fees have been paid prior to this extension. () Initials

As an authorized agent for the contractor, I have informed the Contractor and Permit Fee Owner of record. I attest that they are aware that if the impact fees were not paid prior to this request then impact fees will be re-assessed at the rates in effect at the time of this request.

Agent: _____ **Agent Signature:** _____
(Print Name) Alternate Digital Signature:

Owner: _____ Contractor: _____
(Print Name) (Print Name)

Owner Signature: _____ Contractor Signature: _____
Alternate Digital Signature Alternate Digital Signature

STATE OF FLORIDA, COUNTY OF MANATEE, CITY OF BRADENTON

The foregoing instrument was acknowledged before me this day of, _____ by, _____, who is personally known to me or who has produced as identification: _____ and who did/did not take an oath.

Notary Public Signature _____ Notary Public Stamp Here:

Alternate Digital Signature:

Expiration Date: _____