

**CITY OF DAYTONA BEACH**  
**Request for Permit Extension**

Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address of Project: \_\_\_\_\_ Contractor: \_\_\_\_\_

Contact: \_\_\_\_\_ License Number: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Reason for Extension Request:**

Signature of Contractor/Owner: \_\_\_\_\_

**Extensions may be granted up to a max of 90 days.**

*Office Use Only*

Approved by: \_\_\_\_\_

Fee: \_\_\_\_\_

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

Disapproved by: \_\_\_\_\_