

PERMIT EXTENSION LETTER

Date: _____

Director of Building & Health Services
33 S. Arlington Heights Rd.
Arlington Heights, Illinois 60005

Re: Permit Extension:

Job Address	Permit Number	
General Contractor's Name		
General Contractor's Phone Number		
Address		
City	State	Zip

Dear Director of Building & Health Services:

I am writing to request a time extension for the above referenced job address and permit number in order to complete work on:

(Scope of work on approved permit. Example: addition, remodel, new construction)

Please extend my permit until _____ . I understand that this extension covers items related to the scope of
(Date)

work approved under the current permit and I understand that I must complete this project by the date indicated above. I also understand that re-inspections and re-inspection fees may be necessary to verify the status of the project and scope of work. This permit extension will become null and void if the work progresses beyond the stage for when inspections are to be done.

(Work that has progressed beyond the original scope requires separate or amended permits and additional fees.)

I can be reached at the address and /or phone listed below.

Section 23-103.g. - "Permits issued hereunder shall expire one year from the issuance date. Any permit under which no substantial work is commenced within six months of issuance shall expire by limitation and a new permit shall be secured before work is started upon payment of the applicable re-issuance fee."

Sincerely,

Signature

Printed Name

Address

City State Zip

Phone Number

E-Mail Address