



BUILDING AND FIRE SAFETY SERVICES

CONSTRUCTION PERMIT / APPLICATION EXTENSION REQUEST

Permit Number:		Date:	
Project Address:			
Applicant Name:			
Applicant Phone:		Email:	
Owner Name:			
Owner Phone:		Email:	

Extension requested for: ☐ Application (90 days) ☐ Permit (180 days)

Has permit/application been previously extended? ☐ Yes ☐ No If yes, How many other times? _____

I, the applicant/contact for the above referenced project currently under review/construction in the City of Gig Harbor request that the application/permit be extended as provided for under the City of Gig Harbor Municipal Code Title 15 the justification for the request is as follows: *(use additional form if needed & attach)*

I understand that this extension is for a limited period of time and that I must complete the application/project within the time allotted or apply for an additional extension prior to the next expiration date. it is my intent to complete the required work in a timely manner in accordance with the requirements of the department.

Applicant Name *(Please Print)*

Applicant Signature

Date

THIS SECTION – FOR CITY USE ONLY

Approved By:		Date:		Ext. Length:	
Comments:					