



CITY OF NORTH PORT

**BUILDING DIVISION
4970 CITY HALL BLVD
NORTH PORT, FL 34287**

PHONE: 941-429-7044 | EMAIL: bldginfo@cityofnorthport.com

OFFICIAL USE ONLY:

Approved By: _____ Date: _____

BUILDING PERMIT EXTENSION/REINSTATEMENT FORM

SELECT ONE:

Permit Application Extension:

Issued Permit Extension/Reinstatement:

Permit No.: _____ Project Type: _____ Date: _____

Job Address: _____ Owner Name: _____

Contact phone number: _____ Date permit expired or will expire: _____

If granted I understand that the above referenced permit extension shall become invalid unless the work authorized by such issued permit extension is commenced within six (6) months after its issuance. Or, if the work authorized by such issued permit had begun but has not received a passed inspection within 180 days from the date of the last inspection. Or, a permit application extension is not pursued in good faith for a period of 180 days from the last correspondence.

I hereby request and extension of time for a period prescribed by the Florida Building Code for said permit for reasons described in the attached letter of explanation. (***Please attach your letter of explanation and include your contact information.***)

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 (if applicable). (_____) Initials

As an authorized agent for the contractor, I have informed the contractor of record. I attest that they are aware that impact fees will be re-assessed at the rates in effect at the time of this application.

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 SARASOTA

The fore going 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.

_____ Expiration Date: _____

Notary Public Signature: _____ Notary Public Stamp Here:

Alternate Digital Signature: