

Office Use ONLY



4970 City Hall Blvd
North Port, FL 34286
Phone: 941-429-7044
Inspections: 855-941-4636

CITY OF NORTH PORT

Permit Extension/Reinstatement Form

bldginfo@northportfl.gov
www.northportfl.gov

SELECT ONE:

Permit Application Extension (Submitted Status)

Permit Extension/Reinstatement (Issued Status)

Date: _____ Permit Type: _____ Permit #: _____

Job Address/Parcel ID: _____ Phone #: _____

Permit Holder Name: _____ Email: _____

Date Permit Expired/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.)**

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

Homeowner's Signature: _____ Print Name: _____

Contractor (License Holder) Signature: _____ Print Name: _____

STATE OF FLORIDA, COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ by

_____ who is personally known to me or who has produced

_____ as identification by means of physical presence or online notarization.

Notary Public Signature _____

SEAL