



PERMIT EXTENSION REQUEST FORM

Date: _____ Permit Number: _____

Name of Person Requesting Extension: _____
(Please Print)

Project Location:

Municipality: _____ Street Address: _____

Subdivision: _____ Lot: _____ Block: _____ Plan: _____

Legal Land Description: Qtr: _____ Section: _____ Township: _____ Range: _____ West of: _____

Reason for extension: _____

In keeping with the requirements of The Safety Codes Act requirements

- 1) I am requesting an extension for the above referenced permit for a 1 year period.
- 2) I understand if the work is completed prior to the expiration date, I will contact your office to schedule the inspection.
- 3) An extension fee may apply, please contact our office for confirmation if required.

Signature: _____
(Signature of Person Requesting)

Please email this completed request form to questions@inspectionsgroup.com