



CITY OF COEUR D'ALENE Building Services

710 E MULLAN AVE COEUR D'ALENE ID 83814 208-769-2267 – 208-769-2237 FAX

PERMIT EXTENSION REQUEST

Permit Number: _____

Job Address: _____

TYPE: Building Permit Plumbing Permit Mechanical Permit Submitted Permit Re-Roof Siding
 Temporary Certificate of Occupancy Other: _____

Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The building official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. Construction material and/or labor receipts are acceptable forms of documentation.

Requesting an extension of: _____ days to complete the project.

Justification for extension: _____

Signature _____

Date _____

Name (Please print) _____

E-mail Address _____

Address _____

Phone Number _____

City, State, Zip _____

Receipts Attached

Staff completes below:

Permit Expired: _____

Date & Type of Last Inspection: _____

Outstanding Correction: Yes No

1st Ext 2nd Ext Other: _____

Extended For: _____ Days

New Expiration Date: _____

Approved: Yes No

Additional Fee Required: Yes No Amount: \$ _____

Extension Conditions/Comments: _____

Signature _____

Date _____