



CITY OF LOCKPORT

PERMIT EXTENSION REQUEST FORM

PLEASE PRINT

Applicant/Owner: _____ Phone #: _____

Address: _____

Permit Type: _____

Contractor: _____

Reason for Extension: _____

I HERBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO CONFORM TO ALL GOVERNING INFORMATION AND REGULATIONS SET FORTH BY THE CITY COUNCIL OF LOCKPORT.

Signature: _____ Date: _____

_____ **FOR OFFICE USE ONLY** _____

Permit #: _____ Original Permit #: _____

Issued By: _____

Date Issued: _____ Permit Fee: _____

Date Expires: _____

Comments: _____
