BUILDING & ZONING DIVISION
CUSTOMER REQUEST FOR
PERMIT EXTENSION

Lawrence P Murphy
City of Sarasota Building Official
Building, Zoning and Code Compliance Divisions
1565 First Street
Sarasota, FL 34236

Re: _____
Address of property as it appears on the permit

_____
Eight-digit permit number

Reason for requesting an extension of time: (Must be filled in)

_____
_____

Dear Mr. Murphy:

Please accept this letter as our request for a ninety-day extension on the permit referenced above. Please mail the extension to the address shown below.

Sincerely,

_____	_____	_____
Owner's *name (please print)*	*Owner's signature*	*Date*
_____	_____	_____
Address to which the extension should be mailed	*City, state and zip code for mailing*	*Daytime phone number*

OR

_____	_____	_____
Contractor's *name (please print)*	*Contractor's signature*	*Date*
_____	_____	_____
Address to which the extension should be mailed	*City, state and zip code for mailing*	*Daytime phone number*

ALL LETTERS OF EXTENTION MUST BE ACCOMPANIED BY A FEE OF $75.00