



# COUNTY of SUSSEX

## Permit Extension Application

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Location of work: (If different from above) \_\_\_\_\_

Permit Number: \_\_\_\_\_ Issued: \_\_\_\_\_

Result of follow up inspection?  Yes  No Result of letter?  Yes  No

Prior Extension Granted?  Yes  No If "Yes" Give date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month day year

Justification for extension: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, owner of the property referenced above,  
certify the information contained herein is truthful and accurate to the best of my  
ability. Additionally, the work covered by the original permit will be completed no  
later than

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month date year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Approval

\_\_\_\_\_  
Date