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

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