



COUNTY of SUSSEX

Permit Extension Application

Date: _____

Owner's Name: _____

Address: _____

City

State

Zip

Location of work: (If different from above) _____

Permit Number: _____

Issue Date: _____

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

Building Official Approval

Date