



**CITY OF ST. CLOUD, FLORIDA**  
**BUILDING DEPARTMENT**  
 1300 Ninth Street St. Cloud, FL. 34769  
 Phone: 407.957.7224 Fax: 407.957.8412

**REQUEST FOR APPLICATION / PERMIT EXTENSION OR RENEWAL**

Company \_\_\_\_\_ Contractor \_\_\_\_\_ License# \_\_\_\_\_  
 Phone# \_\_\_\_\_ Email \_\_\_\_\_  
 Permit # \_\_\_\_\_ Address \_\_\_\_\_  
 Permit Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

I, \_\_\_\_\_, hereby request a 90-day extension for the above permit. The justifiable cause is:  
 Print License Holder Name

I acknowledge that:

Request processing is 1-3 business days.

- Work may not proceed until this request is approved and a new permit card has been issued. (FBC 105.4.1.1)
- The 180 day period effective date, will coincide with the date my request is approved by the Building Official.
- Once approved, the fee below must be paid to obtain a new permit. I will place the new permit card, on site in accordance with FBC 105.7.
- If the approval date is nearing the end of the current code cycle, I must pick up the permit prior to cycle end.
- If a new permit is not obtained within 180 days from the date the initial permit became null and void, the Building Official, may require, that any work commenced or completed be removed from the building site. (FBC 105.4.1.2)

Check One:

- The permit has not expired. A permit extension fee of 50% of the permit or \$52.53, whichever is greater, is due. The
- permit has already expired, and my request falls within the same code cycle. A permit renewal fee of 100% of the permit or \$75, whichever is greater, is due.
- The application has expired prior to approval and my request falls within the same code cycle.
- The approved application has expired. A fee renewal fee of 100% of the permit is due plus fees due at approval

Date

STATE OF FLORIDA COUNTY OF \_\_\_\_\_  
 The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_  
 by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
 Signature of person taking acknowledgment  
 \_\_\_\_\_  
 Name typed, printed or stamped  
 \_\_\_\_\_  
 Title or rank  
 \_\_\_\_\_  
 Serial number if any

FOR OFFICIAL USE ONLY:	
Approved	Denied
_____	_____
Building Official	Date