



Application for Six Month Extension on Installation Permit

Have any changes been made to the original Installer, Contractor and/or Subcontractor noted on permit?

☐ NO ☐ YES **If yes, please provide current Installer, Contractor, and/or Subcontractor information.**

Company Name _____

License Number _____ License Classification _____ Phone Number _____

Email Address _____

Check work being performed ☐ ELECTRIC ☐ PLUMBING ☐ GAS ☐ MECHANICAL

☐ ACCESSORY STRUCTURE _____

☐ OTHER _____

Company Name _____

License Number _____ License Classification _____ Phone Number _____

Email Address _____

Check work being performed ☐ ELECTRIC ☐ PLUMBING ☐ GAS ☐ MECHANICAL

☐ ACCESSORY STRUCTURE _____

☐ OTHER _____

Company Name _____

License Number _____ License Classification _____ Phone Number _____

Email Address _____

Check work being performed ☐ ELECTRIC ☐ PLUMBING ☐ GAS ☐ MECHANICAL

☐ ACCESSORY STRUCTURE _____

☐ OTHER _____

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

THIS SECTION IS FOR OFFICE USE ONLY

☐ Approved _____
NEW EXPIRATION DATE

Processed By:

Date Processed:

:

☐ Denied

COMMENTS: