



**City of Crystal River
Building Division**

123 NW Highway 19,
Crystal River, FL 34428
352-795-4216, ext. 317
352-795-6245

EMAIL: ecopeland@crystalriverfl.org

PERMIT EXTENSION REQUEST

First Request:
Second Request:
Additional Requests: # _____

Fees: \$50.00
Date Paid: _____

Permit #: _____

Date: _____

PROJECT LOCATION

CRA DISTRICT? YES NO

PROJECT ADDRESS: _____

ALT KEY NUMBER: _____ SUBDIVISION: _____ LOT #: _____

PROPERTY OWNER INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____

PRIMARY CONTRACTOR INFORMATION or OWNER BUILDER PER FL St. 489

NAME of COMPANY: _____ LICENSE #: _____

EMAIL ADDRESS: _____ PHONE #: _____

PERMIT EXTENSION REQUEST:

RESIDENTIAL

COMMERCIAL

DAYS REQUESTED: 30 DAYS 45 DAYS 60 DAYS 90 DAYS

REASON FOR EXTENSION: _____

SIGNATURE:

OWNERS AFFIDAVIT: I certify that the foregoing information is true and accurate to the best of my knowledge.

Signature of Contractor /Owner/Applicant

Print Name of Contractor/Owner/Applicant

BUILDING OFFICIAL APPROVAL: _____

Date: _____