



City of Belle Glade

110 Dr. Martin Luther King Jr. Blvd. West

Belle Glade, FL 33430-3900

P: 561-518-0111 F: 561-993-1811

## **90 DAY BUILDING PERMIT EXTENSION APPLICATION**

### **\$50.00 APPLICATION FEE**

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

Qualifier/Owner Builder : \_\_\_\_\_

Job Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Reason For Extension: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Qualifier/Owner-Builder Signature: \_\_\_\_\_

Qualifier/Owner-Builder Name: \_\_\_\_\_

\_\_\_\_\_

#### OFFICE USE

Sub-Permits: \_\_\_\_\_ Mechanical; \_\_\_\_\_ Roofing; \_\_\_\_\_ Plumbing; \_\_\_\_\_ Electrical;  
\_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

Use the reverse side to list additional information required.

CIRCLE ONE: APPROVED 90 DAYS \_\_\_\_\_

DENIED

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_