



COMMUNITY & DEVELOPMENT SERVICES

215 Comanche Street/P.O. Box 7 ~ Kiowa, CO 80117

303.621.3136

REQUEST FOR EXTENSION OF BUILDING PERMIT

ALL FIELDS ARE REQUIRED – if owner is also builder simply note “same”

OWNER NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER PHONE: _____

OWNER EMAIL: _____

PROJECT ADDRESS: _____

PROJECT CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR PHONE NUMBER (with area code): _____

CONTRACTOR EMAIL: _____

BUILDING PERMIT NUMBER: _____

I hereby request a one-hundred and eighty (180) day extension of the building permit identified above. I certify by my signature below that I am the legal owner or the designated agent of the legal owner of the property for which the permit was issued. I understand that the permit will expire one-hundred and eighty (180) days from the date of extension. I understand that my permit extensions will be limited to ONE (1) extension and that should my project not be complete by the new expiration date, new permits may have to be obtained and/or special arrangements be made to complete my project.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____