



**BUILDING & ZONING DIVISION
CUSTOMER REQUEST FOR
PERMIT EXTENSION**

**Lawrence P Murphy
City of Sarasota Building Official
Building, Zoning and Code Compliance Divisions
1565 First Street
Sarasota, FL 34236**

Re: _____
Address of property as it appears on the permit

Eight-digit permit number

Reason for requesting an extension of time: (Must be filled in)

Dear Mr. Murphy:

Please accept this letter as our request for a ninety-day extension on the permit referenced above. Please mail the extension to the address shown below.

Sincerely,

Owner's name (please print) *Owner's signature* *Date*

Address to which the extension should be mailed *City, state and zip code for mailing* *Daytime phone number*

OR

Contractor's name (please print) *Contractor's signature* *Date*

Address to which the extension should be mailed *City, state and zip code for mailing* *Daytime phone number*

ALL LETTERS OF EXTENTION MUST BE ACCOMPANIED BY A FEE OF \$75.00