



**City of Fort Myers**  
Community Development Department  
Building, Permitting and Inspections Division  
1825 Hendry Street  
Suite #101  
Fort Myers, FL 33901  
(239) 321-7925  
E-Permits@Cityftmyers.com

**PERMIT EXTENSION REQUEST**

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_ Permit No. \_\_\_\_\_

Primary Permit No. (If applicable) \_\_\_\_\_

**PROPERTY INFORMATION:**

Property/Job Address: \_\_\_\_\_

Parcel/Tax Folio No.: \_\_\_\_\_

FORM COMPLETED BY:  Contractor  Owner-Builder  Design Professional

**QUALIFIER/OWNER-BUILDER INFORMATION:** (Complete all that apply)

Company Name: \_\_\_\_\_

Qualifier/Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Justification for extension request: \_\_\_\_\_

Number of previous requests: \_\_\_\_\_ Has work commenced? Yes  No

Qualifier State License No.: \_\_\_\_\_

\_\_\_\_\_  
(Qualifier/Owner-Builder Signature)

\_\_\_\_\_  
(Printed Name of Qualifier/Owner-Builder)

**NOTARY**

State of \_\_\_\_\_ County of \_\_\_\_\_ SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME BY MEANS OF  
\_\_\_\_ PHYSICAL PRESENCE OR \_\_\_\_ ONLINE NOTARIZATION THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_. BY  
\_\_\_\_ (NAME OF PERSON MAKING STATEMENT), PERSONALLY KNOWN \_\_\_\_ OR PRODUCED  
IDENTIFICATION \_\_\_\_, TYPE OF IDENTIFICATION \_\_\_\_\_  
\_\_\_\_ (SIGNATURE OF NOTARY PUBLIC)

**OFFICE USE ONLY**  
EXTENSION/REACTIVATION-

APPROVED

DENIED- REASON \_\_\_\_\_

\_\_\_\_\_  
STAFF INITIALS \_\_\_\_\_

SEAL