



City of Port St. Lucie Building Department  
 121 SW Port St. Lucie Blvd  
 Port St. Lucie, FL 34984  
 772-871-5132 • Web Site: <http://www.cityofpsl.com>

# Request for Permit Extension

Please email your request to: [permitting@cityofpsl.com](mailto:permitting@cityofpsl.com)

Permit # \_\_\_\_\_ Confirmation # \_\_\_\_\_

PROPERTY ADDRESS:			
OWNER NAME	MAIL ADDRESS	ZIP	PHONE #
CONTRACTOR	MAIL ADDRESS	ZIP	PHONE # CELL #
CONTRACTOR EMAIL			

*FBC 105.3.2 Time limitation of Application*

*An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be required in writing and justifiable cause demonstrated.*

\*\*PERMIT MUST BE IN GOOD STANDING AT TIME OF THE REQUEST. IF PERMIT HAS EXPIRED, A NEW PERMIT MAY BE REQUIRED.

Scope of Work: \_\_\_\_\_  
 \_\_\_\_\_

Original Permit Issue Date : \_\_\_\_\_

Has Work Commenced:  YES  NO

Date of Last Approved Inspection: \_\_\_\_\_

Reason for Extension: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated Time for Extension: \_\_\_\_\_  
 (not to exceed 90 days)

Number of Previous Extensions: \_\_\_\_\_

Signature of Qualifier/Permit Holder \_\_\_\_\_

Date: \_\_\_\_\_

Print Name

**(If approved, extension fee must be paid within 7 business days of notification. Otherwise, the extension will become null and void.)**

FOR OFFICIAL USE ONLY	
<input type="checkbox"/> EXTENSION GRANTED for _____ day period	<input type="checkbox"/> EXTENSION DENIED _____
EXT. FEE: \$25.00 RECEIPT # _____ Clerk Initials _____	_____
_____	Date: _____
BUILDING OFFICIAL SIGNATURE OR DESIGNEE	

MUST BE COMPLETELY FILLED OUT