



4501 N. OCEAN DRIVE  
LAUDERDALE BY THE SEA, FL 33308

## **BUILDING PERMIT RENEWAL OR PERMIT EXTENSION REQUEST**

### **SUBMISSION REQUIREMENTS:**

- COMPLETED FORM (SIGNED AND NOTARIZED).
- EXPLANATION LETTER REGARDING THE CIRCUMSTANCES BEHIND THE PERMIT EXPIRATION OR EXTENSION.
- PERMIT RENEWAL FEE DUE IS 50% OF THE ORIGINAL PERMIT FEE PAID (LESS TAXES) WITH A MINIMUM FEE DUE OF \$95.00.
- PERMIT EXTENSION FEE DUE IS 5% OF THE ORIGINAL PERMIT FEE PAID (LESS TAXES) OR \$95.00, WHICHEVER IS GREATER.

# BUILDING PERMIT RENEWAL/EXTENSION REQUEST

**Renewal**                       **Extension**

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

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

Owner/Contractor (Permit Holder) \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail \_\_\_\_\_

License #: \_\_\_\_\_

As per the Florida Building Code

**Section 105.11.2.1** "permits shall expire and become null and void if work, as defined in **Section 105.11.2.6** authorized by such permit, is not commenced within 180 days of the permit issuance or if such work when commenced is suspended or abandoned for a period of 90 days."

**Section 105.11.2.2** "if the work covered by the permit has not commenced or been suspended or abandoned, the building official may extend such permit for a single period of 180 days from the expiration of the initial permit, if request for the extension is made prior to the expiration date of the initial permit."

**Section 105.11.2.3** "The fee for renewal re-issuance and extension of a permit shall be set forth by the administrative authority."

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Owner/Contractor

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public State of Florida

Seal

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
**Building Official**

Fee \$ \_\_\_\_\_ Approval \_\_\_\_\_  
Building Official Signature

**Renewa For** \_\_\_\_\_ **DAYS**                       **Extension For** \_\_\_\_\_ **DAYS**

Denial \_\_\_\_\_ Reason \_\_\_\_\_  
Building Official Signature

Date Issued: \_\_\_\_\_ Fee Paid: \_\_\_\_\_