



## HERNANDO COUNTY BUILDING DIVISION

789 Providence Blvd

Brooksville, FL 34601

Phone: 352-754-4050

Fax: 352-754-4416

### REQUEST TO EXTEND OR REACTIVATE A BUILDING PERMIT

NOTE: The Hernando County Construction Code gives the Building Official the authority to grant an extension up to 90 days, providing the extension is requested in writing and justifiable cause is demonstrated prior to the expiration date. *Approved extensions or reactivations are subject to a fee of \$80.00*

DATE: \_\_\_\_\_

Permit No. \_\_\_\_\_

**Job Site Address:** \_\_\_\_\_

I, \_\_\_\_\_, am requesting to extend or reactivate this permit whichever may be the case. I will be ready to call in the next inspection by \_\_\_\_\_.  
(Date)

I understand that **ALL** construction under this permit must be completed within two (2) years of original permit issuance date.

**Reason for request, including reason for delay in calling in inspection within 180 days from the last completed inspection:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**(Owner Builder or Contractor's Signature)**

**Mailing Address:** \_\_\_\_\_

**Office Use Only:** Check Appropriate Request:  Extension  Reactivation

Date Permit Issued: \_\_\_\_\_

Use Type:

Last Date of Completed Inspection: \_\_\_\_\_

Inspection Type:

Has Permit Extension been granted before? \_\_\_\_\_ If yes, date approved:

Has Permit been reactivated before? \_\_\_\_\_ If yes, date approved:

Building Official or Designee's Initials: Approval: \_\_\_\_\_ Denial: \_\_\_\_\_

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

Upon receiving fee for request, next completed inspection due by: \_\_\_\_\_

Notes: