



PERMIT EXTENSION REQUEST FORM

1. Permit Information

Property Owner Name:		
Job Location Street Address:		City, State, ZIP:
Requester Name:		Company Name:
Requester Email:		Requester Phone:
Permit Type:	Permit Number:	Current Expiration Date:

2. Reason for Request

Please describe the reason for your request and the estimated timeline for the completion of the work.

3. Request & Affidavit

I, the undersigned, hereby request the extension of the indicated permit in accordance with the Cooper Township Permit Extension Request Policy. I hereby certify that I am authorized as the owner or owner’s agent to make such a request. I understand that a request does not guarantee the extension of a permit, and that such extension will be made the sole discretion of the building official.

Requester Signature

Date

COOPER TOWNSHIP OFFICE USE ONLY.	
Processed Stamp:	<input type="checkbox"/> The request is GRANTED for a period of: <input type="checkbox"/> 90 <input type="checkbox"/> 180 <input type="checkbox"/> _____ days. New expiration date: <input type="checkbox"/> The request is DENIED. Explanation:

