

Fee \$50.00

Payable: Town of Seymour

Date Paid _____

Initials _____

TOWN OF SEYMOUR

6500 Tower Drive
Eau Claire, WI 54703

RESIDENTIAL DWELLING BUILDING PERMIT EXTENSION REQUEST

Please complete and return this form with a \$50.00 Fee

DATE: _____ BUILDING PERMIT# _____

JOB SITE ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT) _____

PHONE NUMBER _____ EMAIL ADDRESS _____

CURRENT STATUS OF JOB _____

I would like to obtain an extension for my building permit for the following reason(s):

Time needed to complete the project: _____
(Cannot Exceed 180 Days)

I, the undersigned, understand that only one extension, not to exceed 180 days is allowed per permit. If the proposed construction allowed under the initial permit is not completed within the granted extension time, a new permit, at full cost, will be required.

PROPERTY OWNER OR CONTRACTOR

THIS PORTION TO BE COMPLETED BY THE INSPECTOR

ACTION (APPROVED OR DENIED): _____ EXTENSION EXPIRATION DATE _____

COMMENTS: _____

INSPECTOR'S SIGNATURE: _____ DATE: _____