



The city of
bright opportunities
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**CITY of OPA-LOCKA
Building Department**

Permit Extension Form

- Permit#: _____ Contractor: _____
- Phone #: _____ Address: _____
- Owners name: _____ Job Address: _____
- Permit Description: _____ Permit Expiration Date / / _____
- Work commenced yes ___ No ___ Last approved inspection _____
- Reason for extension _____
- _____
- If this the master permit list all other permits that must also be extended:
Plumbing _____ Electrical _____ Mechanical _____
- Other _____ Other _____ Other _____
- Extension period: _____ No. of other extensions _____ (Not to exceed 180 days)
- Signature of permit holder: _____ Name of permit holder (print): _____
- _____

Permit Extension Form (cont.)

- State of Florida
- County_____
- Sworn to and subscribed before me this_____ day of 20__ by:_____
- () Personally known () Produced identification-Type of Identification_____
- _____
- Signature of Notary Public Seal:
- Extension granted: Yes Permit extension period_____ days
- Extension denied: Yes Reason for denial_____
- _____
- Building Official Signature:_____ Date: / /20_____