

# REQUEST FOR EXTENSION

Permit Owner/Applicant: \_\_\_\_\_

Homeowner (if different than applicant): \_\_\_\_\_

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

**Contact Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

Mailing Address (if different than site address): \_\_\_\_\_

Municipality: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Type of Project: \_\_\_\_\_

Brief explanation of why extension is being requested: \_\_\_\_\_

\_\_\_\_\_

Date extension requested to: \_\_\_\_\_

(Date cannot exceed 180 days from date of this request.)

**SIGNATURE/DATE:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

1300.0120 subp. 11 Expiration: "Every permit issued shall become invalid unless the work authorized by the permit is commenced within 180 days after its issuance, or if the work authorized by the permit is suspended or abandoned for a period of 180 days after the time the work is commenced."

**Please call 952-442-7520 with questions.**

Return to

EMAIL: [info@mnspect.com](mailto:info@mnspect.com)

MAIL : MNSPECT, LLC  
235 First Street West  
Waconia, MN 55387

FAX: 952-442-7521

DO NOT COMPLETE BOTTOM PORTION

**Office Use Only**-----

Date request received in office: \_\_\_\_\_

Date permit issued: \_\_\_\_\_ Date of last inspection: \_\_\_\_\_

If previous extension in effect, date it expires: \_\_\_\_\_

Date permit extended to: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approval notification given: \_\_\_\_\_ via: \_\_\_\_\_