

# REQUEST FOR EXTENSION TEMPORARY CERTIFICATE OF OCCUPANCY

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 temporary certificate of occupancy extension requested to: \_\_\_\_\_

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

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

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

**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 original temp CO expire(s): \_\_\_\_\_

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

Date temp CO extended to: \_\_\_\_\_

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

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