



# Extension Request Form

**WEB PERMITS ONLY: MUST SUBMIT VIA EMAIL TO PERMITS@CAPECORAL.NET**

239-574-0546  
Fax: 239-574-0590

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**\*\* Note: The amount of days given for an extension in excess of the second request is up to the Building Officials discretion. Extension requests not to exceed 90 days \*\***

**Payment Method:**  Escrow  Online

\_\_\_\_\_ Days Requested \_\_\_\_\_ Days Granted

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of permit: \_\_\_\_\_

Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

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

Job not completed due to:

\_\_\_\_\_  
\_\_\_\_\_

Contractor's Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant (signature): \_\_\_\_\_

For Office Use Only			
Current Expiration Date:	_____	New Expiration Date:	_____
Approved by:	_____	Date:	_____
Disapproved by:	_____	Date:	_____
1 <sup>st</sup> :	_____	2 <sup>nd</sup> :	_____
3 <sup>rd</sup> :	_____	4 <sup>th</sup> :	_____
Fee:	\$ _____	CSR Initials:	_____

City of Cape Coral  
PO Box 150027, Cape Coral, FL 33915-0027