



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 st :	_____	2 nd :	_____
3 rd :	_____	4 th :	_____
Fee:	\$ _____	CSR Initials:	_____

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