



OKALOOSA COUNTY

Growth Management Department

PERMIT EXTENSION REQUEST FORM

PROPERTY INFORMATION

Permit Number: _____

Project Address: _____

Parcel Number (if applicable): _____

Type of Permit: _____

APPLICANT INFORMATION

Property Owner Name: _____

Contractor / Company Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

EXTENSION REQUEST

Current permit expiration date: _____

Requested extension period:

30 Days

60 Days

Other: _____ Days

Requested new expiration date: _____

REASON FOR EXTENSION REQUEST

Provide a detailed explanation for the requested extension:

APPLICANT CERTIFICATION

I hereby request an extension of the permit referenced above. I understand that approval of this request is subject to review by the Growth Management Department. I further understand that all work must remain in compliance with all applicable codes, ordinances, and regulations.

Applicant Signature: _____

Printed Name: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Approved By: _____

Approval Date: _____

New Permit Expiration Date: _____

STATUS

Approved

Denied

Purl G. Adams III _____

Please email to cducharme@myokaloosa.com

OR csmith@myokaloosa.com

OR lstanley@myokaloosa.com