



REQUEST FOR PERMIT EXTENSION

Original Applicant (Company): Address: City/State/Zip:

Signed by: E-mail Address: Contact Phone Number:

_____ () _____

Building Name: Address: City/County:

Current Expiration Date: State ID#: Assigned Inspector:

- * Use information from original application.
- ** Each category above must be completed before processing.
- *** Approval/response will be confirmed to e-mail address above and reflect permit status.

NOTE: If a project is determined to be CANCELLED, DISCONTINUED or ON INDEFINITE HOLD, please contact the Elevator and Amusement Device Bureau to void/withdraw the contract application. Re-applying in the future is always available.

FOR USE BY AUTHORIZED COMPANY REPRESENTATIVE:

Application and Permit to be Void/Withdrawn ___/___/___ Name: _____

State ID #: _____

Comment/Reason:

THIS APPROVED AND POSTED FORM WILL SERVE AS RE-INSTATING THE EXPIRED APPLICATION & PERMIT ON-SITE

OFFICE USE ONLY:

Extension Approved/Application & Permit Valid through ___/___/___