



APPLICATION/PERMIT EXTENSION

Policy: Set forth by Florida Building Code – 2020 7th Edition

105.3.2 Time limitation of application.

An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

After the permit has been issued, if there has not been an approved inspection within 180 days, the permit will become invalid.

Requests for application/permit extensions must be made prior to the application or permit becoming invalid. Extensions shall not be granted for an invalid document.

Impact fees WILL be re-assessed on all permits at the time of the extension, UNLESS they have been prepaid prior to the application or permit extension request.

Procedure:

1. A \$10.00 will be assessed at submittal of the extension request. Fee is payable to "Manatee County". This fee is a processing fee and does not guarantee approval.
2. Submit to Inspections Division:
 - a.) Application/Permit Extension Request
 - b.) Reason for request
3. Permits will be sent to the Inspections Division for processing and forwarded to the Inspections Manager for review. Please allow 5-7 business days for processing.
4. Applications will be sent to the Permitting Division for processing and forwarded to the Permitting Manager for review. Please allow 5-7 business days for processing.

APPLICATION/PERMIT EXTENSION REQUEST

Record No: _____ Job Address: _____

Owner Name: _____ Date: _____

Date Permit Issued: _____ Permit Expiration Date: _____

Previous Application/Permit Extensions: Yes No

I understand that the above referenced permit shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work commenced. In order for a permit to remain active it must have at least one passed, documented inspection every 180 days.

With this understanding I declare that the above referenced permit will become invalid on _____, 20__ and do hereby request an extension of time of _____ days from the current date for said permit for reasons outlined on the letter of request which is attached. Extension fees will be assessed from the date of expiration to the current extension date requested. ***I acknowledge that as a result of this extension, my impact fees will be re-assessed at the rates that are in effect at the time of this application. I further acknowledge that this impact fee re-assessment will ONLY be waived if the impact fees have been paid prior to this extension.***

()
Initials

Contractor: _____

Address: _____

Phone: () _____

E-Mail Address: _____

Owner: _____

Address: _____

Phone: () _____

E-Mail Address: _____

Contractor or Owner Signature: _____

STATE OF FLORIDA
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____ 20____, by _____, who is personally known to me () or has provided the following identification _____ . Expiration Date: _____ and who did/did not take an oath.

Notary Public Signature _____

Notary Public Stamp Here

Applicant shall explain specifically all reasons why an extension is necessary. Include time period for which an extension is requested, and date job will be completed.

Please be specific and thorough

Reason for Request: _____



(Internal Use Only)

Record No: _____ Date Received: _____ Received By: _____
Extension Issued Date: _____ Extension Expiration Date: _____ Fee: _____

Inspections Review **Permitting** **FEMA Review** **Zoning** **Impact Fee Review**

Comments:

Signature: _____ Date: _____



(Internal Use Only)

Permitting/Inspections Manager: **Approved** **Denied**

Comments:

Signature: _____ Date: _____