WESTOVER BUILDING SAFETY



PO Box 356 Westover, AL 35185



205.678.3375 Ext. 8

BUILDING PERMIT EXTENSION REQUEST

Extension Fee: 50% of the original fee (nonrefundable)

circumstances b	peyond your extension, yo	control ha	ve caused nplete this	the need fo form and s	r an extensior ubmit it with e	n. Only one extension fe	an be demonstrated that extension is allowed. ee to Town of Westove	
APPLICANT IN	FORMATIO	N						
First Name Last Name			ame		Company Name			
Mailing Address				City	State)	Zip	
Phone Number E-mail				1		-		
PERMIT INFOR	RMATION							
Permit number: Expiration			Expiration	n Date				
Project Address/Parce	I ID:		I					
Reason for Requesting	g an Extension:							
I HEREBY CER	RTIFY THAT	THE INFO	RMATION	I ABOVE IS	TRUE			
Signature			Title of App	olicant			Date	
Approved?	Yes N	o Approve	ed by				Expiration Date	