



Department of Planning Services
Building Inspection Division
1402 N 17th Avenue
PO Box 758
Greeley, CO 80632
(970) 400-6100

Permit Extension Request

Permit # _____ Current Expiration Date _____

Property Address _____

Requester Name _____ Business Name _____

Requester Phone Number _____ Email _____

Please state reason for extension request: _____

Amount of time requested _____ calendar days

- I am aware and understand that I am allowed only one (1) extension per Sec. 29-2-20 of the Weld County Code. If at the end of that time the work is still not started or incomplete or inspections have not been performed, my permit will expire.
I realize that extensions are not guaranteed and that this request may not be granted.
If the extension is not granted, I understand that a new permit must be filed including resubmitting plans and paying new fees as applicable.
By signing below, I acknowledge that I am the property owner or authorized representative for this building permit and that all information provided is correct.

Requester Signature: _____ Date: _____

For Building Department use:

[] This Extension is granted and is extended for _____ calendar days from the current _____ expiration date.

New Expiration Date _____ [] \$80.00 Extension fee

[] This Extension is denied due to the following: _____

Building Official/Authorized Staff Signature: _____ Date: _____

Payor _____ [] Cash [] Check [] Credit Card