

## RENEWAL / EXTENSION of PERMIT

In accordance with Seminole County Code, Appendix "A" section 105 - all requests for a permit extension and or a permit Renewal must be in writing.

Permit: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Lot / Subdivision: \_\_\_\_\_

Contractor / Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Length of time for extension: \_\_\_\_\_ days

If applicable, do you have the reviewed stamped plans for this permit: yes  no  n/a

Is this an ePlan permit: yes  no

If yes, do you have access to this ePlan permit: yes  no

If no, please provide your designated ePlan email: \_\_\_\_\_

Reason for Renewal / Extension request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***This form can be submitted in our office or by fax: 407-665-7486 or email to:***

**[BPCustomerservice@seminolecountyfl.gov](mailto:BPCustomerservice@seminolecountyfl.gov)**

\_\_\_\_\_  
Contractor's Printed Name

\_\_\_\_\_  
Contractor's Signature and Date

Building Official / Acting Building Official: \_\_\_\_\_

\*\*\*\*\* Office Use Only \*\*\*\*\*

Date permit was issued: \_\_\_\_\_ Date permit expired: \_\_\_\_\_

Is this the Original Contractor/Company the permit was issued to: yes  no

If not, list Original Contractor/Company name: \_\_\_\_\_

Date of last approved inspection: \_\_\_\_\_

Date of last Renewal/Extension request: \_\_\_\_\_

Scope of work: \_\_\_\_\_

Plans Required: yes  no  n/a