

Fee \$50.00

Payable: Town of Seymour

Date Paid \_\_\_\_\_

Initials \_\_\_\_\_

# TOWN OF SEYMOUR

6500 Tower Drive  
Eau Claire, WI 54703

## RESIDENTIAL DWELLING BUILDING PERMIT EXTENSION REQUEST

Please complete and return this form with a \$50.00 Fee

DATE: \_\_\_\_\_ BUILDING PERMIT# \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CURRENT STATUS OF JOB \_\_\_\_\_

I would like to obtain an extension for my building permit for the following reason(s):

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

Time needed to complete the project: \_\_\_\_\_  
(Cannot Exceed 180 Days)

I, the undersigned, understand that only one extension, not to exceed 180 days is allowed per permit. If the proposed construction allowed under the initial permit is not completed within the granted extension time, a new permit, at full cost, will be required.

\_\_\_\_\_  
PROPERTY OWNER OR CONTRACTOR

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**THIS PORTION TO BE COMPLETED BY THE INSPECTOR**

ACTION (APPROVED OR DENIED): \_\_\_\_\_ EXTENSION EXPIRATION DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

INSPECTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_