



## BUILDING PERMIT EXTENSION REQUEST FORM

Phone: 406-892-4432 / Email: [sobczakc@cityofcolumbiafalls.com](mailto:sobczakc@cityofcolumbiafalls.com)

*Building Permits are valid as long as there is continued progress on the project. If there is a delay or stop in the work for 180 days or more, an extension should then be requested or the Building Permit may be cancelled, requiring the applicant to reapply.*

### **APPLICANT/ REQUESTOR INFORMATION**

☐ Owner    ☐ Contractor    ☐ Other: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Has the owner or contractor information changed?    ☐ Yes (provide below)    ☐ No

\_\_\_\_\_

### **PERMIT INFORMATION**

Permit # \_\_\_\_\_    Permit Type:    ☐ Commercial    ☐ Residential

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

Has the original scope of work changed?    ☐ Yes (provide below)    ☐ No

\_\_\_\_\_

\_\_\_\_\_

PROVIDE A CURRENT PROJECT TIMELINE:

\_\_\_\_\_

**EXTENSION JUSTIFICATION** *(Please explain your reason for requesting an extension)*

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant/ Requestor Signature                      Date

*If an extension is granted, you must notify the Building Department of any changes to your project, including the timeline. If you are unable to meet the approved extension date, you must contact the Building Department prior to your expiration. Send this completed form and any questions to [sobczakc@cityofcolumbiafalls.com](mailto:sobczakc@cityofcolumbiafalls.com)*

~~~~~FOR OFFICE USE ONLY~~~~~

☐ **APPROVED** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **DENIED**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Building Official Signature                      Date