121 Alder Street Southwest
Ephrata, Washington 98823
(509) 754-4601
www.ephrata.org

PERMIT EXTENSION REQUEST FORM

Permit # _____
DATE:_____
PROJECT ADDRESS:_____
PARCEL #:_____

	Extended Permit (prior to expiration)		"90 Day Final" Extension
	Renewal (if permit has expired (1) year or less)		Additional "6 month Extension"

Project Contact:_____
Contact Mailing Address:_____
City/State/Zip:_____
Project Contact Phone #:_____

Existing Permit Information

Expiration date of original permit: ___/___/___ Work started: _____Yes _____No
New Expiration Date: ___/___/___

If yes, at what stage:_____

Is it ready for next inspection? _____Yes _____No
How much is left to be completed? $_____ OR %_____
Project Name (Development and Lot#, if applicable:)_____
If work has not started, reason for delay:_____

Scheduled date of completion: ___/___/___

Please use this space to give a brief description of the type of extension requested.

_____
_____
_____
_____
_____
_____

_____ _____
Approved By Date Approved