



BUILDING PERMIT/APPLICATION EXTENSION REQUEST

Community Development Department
24301 Roberts Dr, PO Box 599
Black Diamond, WA 98010
Ph: 360-886-5700 Fx: 360-886-2592

DATE: _____

PERMIT #: _____

PROPERTY ADDRESS: _____

APPLICANT NAME: _____ PHONE _____ E-MAIL _____

CONTACT NAME: _____ PHONE _____ E-MAIL _____

OWNER NAME: _____ PHONE _____ E-MAIL _____

- () Extension requested for Application (90 days)
- () Extension requested for Permit (180 days)

This permit/application has been extended _____ times

I, the applicant/contact for the above referenced project currently under review/construction in the City of Black Diamond request the extension indicated above as provided for under International Building Code Section 105.5 and/or BDMC 18.14.060(b). The justification for this request is:

I understand that this extension is for a limited period of time, as specified above, and that I must complete the application/project within the time allotted. It is my intent to complete the required work in a timely manner in accordance with the requirements of the department.

Signed _____ Date _____

Official Use Only

Approved **Declined**

Extension Fee Due _____

Administrator _____ Date _____ Ext Period _____

Comments _____
