



Building Department

214 Sams Avenue
New Smyrna Beach, Florida 32168
Phone: 386-410-2860
www.cityofnsb.com

Permit Extension

Permit #: _____

Date: _____

Owner's/Applicant's Name: _____

Owner's/Applicant's Address _____

Phone #: _____ E-Mail: _____

Job Address: _____

Reason for Extension Request:

Name of Contractor (Print) License #

Signature of Contractor/Owner: _____

State of Florida
County of Volusia

Sworn to and subscribed before me this _____ day of _____, 20 _____

By _____

Signature Public Notary, State of Florida

Personally know _____ or
Produced Identification _____

Type of Identification Produced: _____

EXTENSION MAY BE GRANTED UP TO A MAXIMUM OF 90 DAYS WITH A VALID REASON PRIOR TO EXPIRATION DATE. FEES WILL BE CHARGED IN ACCORDANCE WITH NEW SMYRNA BEACH ORDINANCE.

For Office Use Only

Approved By: _____ New Expiration Date: _____

Disapproved By: _____