APPLICATION FOR BUILDING PERMIT EXTENSION

AR#_____

OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ZIP:_____

PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

CONTRACTOR: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ZIP:_____

PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

CONTRACTOR REGISTRATION NO.: _____ **Mandatory**

New Permit No: _____

Date Filed: _____

Extension Fee $170.00

EXTENSION OF _____
PREVIOUS PERMIT NO.

EXPIRATION DATE: _____

180 DAYS FROM EXPIRATION DATE:

NEW EXPIRATION DATE FOR THIS EXTENSION.

STREET ADDRESS OF WORK: _____

LEGAL DESCRIPTION OF LAND: LOT#_____ BLOCK #_____ SUBDIVISION_____

ZONING DISTRICT: ☐ A ☐ B ☐ GR ☐ LR-1 ☐ LR-2 ☐ TN ☐ LB ☐ LI ☐ TI ☐ SCI-I ☐ SCI-SO ☐ RGB ☐ NB

OVERLAYS: ☐ TO ☐ DRO ☐ SRO ☐ CC ☐ FH ☐ HO ☐ PA

BRIEFLY EXPLAIN REMAINING WORK TO BE DONE:

ESTIMATED TIME TO COMPLETION: _____

The Completion of this Application Does Not Constitute a Building Permit
NOTE: Extensions are only valid for 180 days from the date of expiration.

I hereby acknowledge that I have filled in this application accurately to the best of my knowledge and that I agree to comply with all City ordinances and State laws regulating building construction to the City of Hailey, Idaho.

X_____ **Date:** _____/_____/_____
Signature of Contractor, Owner, or Authorized Agent

☐ **Approved** ☐ **Denied** _____ **Date:** _____/_____/_____
Building Department Representative