



# Time Extension Application for Issued Building Permits

City of Cedar Rapids Code Enforcement Division

1201 6<sup>th</sup> St. SW Cedar Rapids, IA 52404

Phone: 319-286-5831 Fax: 319-286-5830

Date: \_\_\_\_\_

Permit/Receipt Number: \_\_\_\_\_

Applicant / Owner Name: \_\_\_\_\_

PRINT

Permitted Address: \_\_\_\_\_

Street

City

State

Zip

**Please Read:** Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The Building Official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated.

Please **Circle** your requested extension time: **30 days** **60 days** **90 days** **120 days** **150 days** **180 days**

Please Provide Justifiable Cause: (Please Print) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any supporting evidence, photos, documents, or drawings please submit with this application.

Signature of Applicant / Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Extension:** **Approved** **Denied** **This Extension has been approved for \_\_\_\_\_ days.**

Comments: \_\_\_\_\_

\_\_\_\_\_

Number of days previously approved for extension: \_\_\_\_\_ Extension beginning date: \_\_\_\_\_

**This Extension will end on:** \_\_\_\_\_.

\_\_\_\_\_ Date: \_\_\_\_\_

Building Official Signature