

Building Department
448 Court Place Suite149
Beulah, MI 49617
231-882-9673

Permit Extension Request

Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Licensee (Contractor)
Project information Address: _____ Jurisdiction: _____ Permit Number: _____ Parcel Number: _____
Owner Information Name: _____ Telephone: _____ Address: _____ Email: _____ City: _____ State: _____ Zip Code: _____ <small>(If different than above address)</small>
Contractor/Licensee Information Company/Contractor: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____ Email: _____
Reason for Extension and number off days requested up to 180 days: _____ _____ _____ _____ _____
Print: _____ Signature: _____ Date: _____

OFFICE USE ONLY

Approved, extended for _____ days.

Disapproved

Approval Signature: _____ Date: _____