



**HERNANDO COUNTY BUILDING DIVISION**

**789 Providence Blvd  
Brooksville, FL 34601**

Phone: 352-754-4050

Fax: 352-754-4416

**REQUEST TO EXTEND OR REACTIVATE A BUILDING PERMIT**

NOTE: The Hernando County Construction Code gives the Building Official the authority to grant an extension up to 90 days, providing the extension is requested in writing and justifiable cause is demonstrated prior to the expiration date. *Approved extensions or reactivations are subject to a fee of \$79.10.*

DATE: \_\_\_\_\_ **Permit No.** \_\_\_\_\_

**Job Site Address:** \_\_\_\_\_

I, \_\_\_\_\_, am requesting to extend or reactivate this permit whichever may be the case. I will be ready to call in the next inspection by \_\_\_\_\_.

(Date)

I understand that **ALL** construction under this permit must be completed within two (2) years of original permit issuance date.

**Reason for request, including reason for delay in calling in inspection within 180 days from the last completed inspection:**

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

\_\_\_\_\_  
**(Owner Builder or Contractor's Signature)** **Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

<b>Office Use Only:</b> Check Appropriate Request: <input type="checkbox"/> Extension <input type="checkbox"/> Reactivation	
Date Permit Issued: _____	Use Type: _____
Last Date of Completed Inspection: _____	Inspection Type: _____
Has Permit Extension been granted before? _____ If yes, date approved: _____	
Has Permit been reactivated before? _____ If yes, date approved: _____	
Building Official or Designee's Initials: Approval: _____ Denial: _____	
Date: _____	
Upon receiving fee for request, next completed inspection due by: _____	
Notes: _____	