



BARRINGTON
Be Inspired

Construction Permit Extension Application

Construction Permit Extensions are valid for six (6) months

Date of Request: _____ Building Permit #: _____

Property Owner's Name: _____

Applicant's Name: _____

Property Street Address: _____

City, State, Zip: _____

Home Phone: _____ Fax: _____

Cell Phone: _____ Email Address: _____

Reason for Extension: _____

Contractor Information: If the original contractors have been replaced, list new contractor information.

Contractor Type	Original Contractor Information	New Contractor Information	Contractor's License
			<input type="checkbox"/> VOB Contractor's License <input type="checkbox"/> State License (If applicable)
			<input type="checkbox"/> VOB Contractor's License <input type="checkbox"/> State License (If applicable)
			<input type="checkbox"/> VOB Contractor's License <input type="checkbox"/> State License (If applicable)
			<input type="checkbox"/> VOB Contractor's License <input type="checkbox"/> State License (If applicable)
			<input type="checkbox"/> VOB Contractor's License <input type="checkbox"/> State License (If applicable)
			<input type="checkbox"/> VOB Contractor's License <input type="checkbox"/> State License (If applicable)

FOR OFFICE USE ONLY

Date Received:		Received By:	
Permit #:		Permit Type:	
Original Permit Issue Date:		Original Permit Expiration Date:	
Extension Issue Date:		Extension Expiration Date:	
Extension Fee	\$100.00	Cash Receipt Code:	P10