

 <p>Box 600 Crowsnest Pass, Alberta T0K 0E0 Phone: 403-562-8833 Fax: 403-563-5474</p>	*Office Use Only*	
	Permit # _____	
	Department:	
	<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing
	<input type="checkbox"/> Electrical	<input type="checkbox"/> PSDS
<input type="checkbox"/> Gas		
DATE RCVD _____		

## Permit Extension Request Form

I/We hereby request for a Permit Extension under the provisions of the Safety Codes Permits Bylaw and the Fees, Rates and Charges Bylaw.

Permit #: \_\_\_\_\_ Project Address: \_\_\_\_\_

Original Date Issued: \_\_\_\_\_ Original Permit Expiry: \_\_\_\_\_

Reason for Extension: \_\_\_\_\_

New Timeframe for Conducting Inspections: \_\_\_\_\_

\_\_\_\_\_

Applicant/Contractor		Owner of Land	
Contractor: YES <input type="checkbox"/> NO <input type="checkbox"/>		Same as applicant <input type="checkbox"/>	
Name:		Name:	
Physical Address:		Physical Address:	
Mailing Address:		Mailing Address:	
Phone:		Phone:	
Alt. Phone:		Alt. Phone:	
Email:		Email:	
Master/Journeyman #:			
Signature:		Signature:	

Office Use Only	
Extension Request Approved:	Extension Request Denied:
If Approved, Revised Permit Expiry Date:	
Extension Permit Fee	
Safety Codes Officer Name/Designation Number	
Safety Codes Officer Signature	

**The personal information provided as part of this application is collected under Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32(c) of the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing development permits, Land Use Bylaw enforcement and property assessment purposes. The name of the permit holder and the nature of the permit are available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.**

