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APPLICATION FOR BUILDING PERMIT EXTENSION

OWNER NAME: _____

STREET ADDRESS: _____ LAND LOCATION: _____

MAILING ADDRESS: _____

EXTENSION OF BUILDING PERMIT NO.(S) _____

DESCRIPTION OF PROJECT: _____

REASON FOR BUILDING PERMIT EXTENSION: _____

CONDITIONS OF PERMIT:

- THIS EXTENSION IS FOR THE PERIOD OF 180 DAYS FROM THE DATE OF EXPIRY OF THE ABOVE BUILDING PERMIT.
- ANY WORK REQUIRED TO COMPLETE THE PROJECT AFTER THE EXTENSION PERIOD REQUIRES A NEW PERMIT.
- IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO CONTACT THE BUILDING OFFICIAL FOR INSPECTIONS WITHIN THE TERM OF THIS BUILDING PERMIT.
- THIS EXTENSION IS ALSO SUBJECT TO THE CONDITIONS UNDER WHICH THE ORIGINAL PERMIT WAS ISSUED.
- THERE MAY BE ADDITIONAL CONDITIONS ADDED TO THE BUILDING PERMIT EXTENSION IF GRANTED.

 SIGNATURE OF PERMIT HOLDER

 DATE

 SIGNATURE OF LANDOWNER
 FOR IN OFFICE USE

 DATE

Building Permit No.		Date Issued:		Expiry Date:	
Development Permit No.		Date Issued:		Expiry Date:	
Zoning District:				Extension Date:	
Fee: \$100		Receipt #			
Resolution Granting Extension:				Sarilia DRC Approval of Extension:	
Development Officer Signature:				Building Official Signature:	
Denied:		Reason:			