



MARTIN COUNTY BUILDING DEPARTMENT
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 STUART, FL 34994
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**Code Compliance Division
 Permit Extension Request**

DATE: _____

REASON FOR EXTENSION:

PERMIT NUMBER: _____ PERMIT ADDRESS: _____

CONTACT NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

 Owner and/or Contractor's Signature

 Owner and/ or Contractor's Printed Name

PLEASE BE ADVISED THAT EXTENTIONS CAN TAKE 7-10 BUSINESS DAYS TO BE APPROVED.

*******Office Use Only*******

Number of prior renewals or extensions: _____ Case number: _____

Contacted on _____ by _____ Officer: _____

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