



MARTIN COUNTY BUILDING DEPARTMENT
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Code Compliance Division
Permit Renewal Request

TO BE COMPLETED BY OWNER and/or CONTRACTOR

DATE: _____ PERMIT NUMBER: _____
 CONTACT NAME: _____ PHONE NUMBER: _____
 OWNER'S NAME: _____ EMAIL ADDRESS: _____
 PERMIT ADDRESS: _____

 Owner and/or Contractor's Signature

 Owner and/or Contractor's Printed Name

******* OFFICE USE ONLY *******

STATUS OF PERMIT: The above permit has been inactive for _____ days

Final inspection only: YES NO

Date and type of last inspection: _____ **Inspection history has been attached.**

Date(s) of previous renewals or extensions: _____

Renewal fees due: \$ _____

Applicant notification: Date: _____ NBE

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