PA MUNICIPAL CODE ALLIANCE, Inc.
A SAFEbuilt® COMPANY

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Somerset Office: 510 Georgian Place, Somerset, PA 15501 **Phone:** 814 444-6112
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Email: pmca@pacodealliance.com **Website:** https://pacodealliance.com/

►► PERMIT EXTENSION REQUEST FORM ◄◄

Date: _____ Permit Number: _____

Note: The length of time given for an extension must be approved by the Building Code Official.

Municipality: _____ County: _____

Site Address: _____

Applicant Name / Business / Owner: _____

Contact Person (if other than above): _____

_____ _____ _____
Phone: Cell Phone: Email:

Length of Extension Requested _____
(in days or months)

☐ Land Use Permit, attached. This is required to request the permit extension.

What was the Permit initially approved for: _____

_____

What portion of the work remains: _____

Job not completed due to: _____

_____

_____

_____

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. § 4903.

+++++EMAIL COMPLETED REQUEST FORM & LAND USE/ZONING PERMIT TO PMCA@PACODEALLIANCE.COM+++++

APPLICANT SIGNATURE: _____ DATE: _____

PRINT NAME (*legibly*): _____

Address: _____ Phone: _____