

CITY OF SARTELL

REQUEST FOR AN EXTENSION OF TIME FOR APPLICATION OR WORK

Are you the person that applied for the permit and signed the application: YES [] NO []

If YES, continue. If NO, **STOP**. Only the permit applicant can apply for an extension.

Date: _____

Name: _____ Phone No: _____

Address: _____

Requesting additional time for: Work or Progress [] Time of application []

Permit No: _____

Site address: _____

Amount of time requesting (up to 180 days): _____

Is this your first request for an extension on this project: YES [] NO []

Describe reason or hardship for this request: _____

Applicant Signature _____

CITY USE

Request approved _____ Request denied _____

Time granted _____

City Official Signature _____

