



REQUEST FOR PERMIT EXTENSION
Town of Ashland • Department of Building Safety
 20 Highland St., PO Box 517, Ashland, New Hampshire 03217
 Tel: 603-968-4432 • Fax: 603-968-3776
bldg@ashland.nh.gov • www.ashlandnh.org

Permit #		
Date of Issuance		
Date of Expiration		
Extension Granted	YES	NO

OFFICE USE ONLY			
Tax Lot #	Zone	Floodplain	SD/SI
Date Received			
Date Permit Issued	Date Permit Expires	Date Request Rec'd	
Date Approved	Date Denied		
New Expiration Date	Reason for Denial		
Signature of Building Inspector			

SECTION 1 – CONTACT AND PROPERTY INFORMATION		Date of Request
Project Address	Contractor	
Owner(s)	Extension Requested By: Owner ____ Contractor ____	

SECTION 2 – SCOPE OF WORK / DESCRIPTION OF PROJECT

SECTION 3 – REASON FOR REQUEST OF EXTENSION OF BUILDING PERMIT:

SECTION 4 – APPLICANT STATEMENT AND SIGNATURE						
I hereby attest that all statements made on this application and any attached documents are true to the best of my knowledge. If approved, the permit extension will be for 180 days. All conditions of the original permit remain in force.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> </tr> <tr> <td style="border: none;"><i>Signature of Applicant</i></td> <td style="border: none;"><i>Printed name</i></td> <td style="border: none;"><i>Date</i></td> </tr> </table>	_____	_____	_____	<i>Signature of Applicant</i>	<i>Printed name</i>	<i>Date</i>
_____	_____	_____				
<i>Signature of Applicant</i>	<i>Printed name</i>	<i>Date</i>				