



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

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

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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.

Signature of Applicant

Printed name

Date