

**Request for Extension -Temporary Certificate of Occupancy or Completion**

**Note: Master and Sub Permit MUST be in Active status when submitting this request; otherwise we will NOT accept the request**

Date:	Master Permit:	TCO Number:
Job Address:	Parcel Number:	
Unit/Suite #:	Occupancy/Use:	
<b>Applicant or Contractor Name:</b>	<b>Owner or Business Name:</b>	
Applicant or Contractor Mailing address:	Owner or Business Mailing address:	
Telephone Number:	Telephone Number:	
E-Mail Address:	E-Mail Address:	
Contact Name:	Contact Telephone Number:	
Contact E-Mail Address:		
Your CAP Account E-Mail Address for Billing Purposes:		
<b>What is the reason for your Extension request? What are you missing for final occupancy?</b>		

Office Use Only	
No. of Extensions: _____ Expiration Date: _____	No. of Days Approved: _____
Invoice No: _____ Amount Due: _____	Building Official _____ signature
New Expiration Date: _____	Notification to Customer:
Notes:	