

Development Services
Building Services, Room 201
City-County Building
300 West Ash · P.O. Box 736
Salina, Kansas 67402-0736



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Request for Extension of Issued Permit

Permit: #: _____

Address: _____

Type of Permit (scope of work): _____

I hereby request an extension of the above referenced permit. I do plan to complete the work included in this permit and I will call for the required inspections, including a final inspection. **The reason I need this extension is:**

I understand (based on provisions of the International Building Code) that a permit extension can be granted for 180 days and additional extensions may also be approved upon additional written requests with an explanation of circumstances to support the request. I estimate completion of this project on or before _____

Applicant's Name: PLEASE PRINT _____

Company Name: PLEASE PRINT _____

Applicant's Signature _____ Date _____

Approved by _____ Date _____
(Signature of Building Official)