TOWN OF NEW PALTZ

BUILDING DEPARTMENT

BUILDING PERMIT EXTENSION REQUEST

Name:_____ Permit #_____

Address:_____ S/B/L: _____

Date of Request: _____

Reason for
request:_____

_____

_____

_____

_____
Signature

Below this line for Office use only

Approved: _____ Denied: _____

New Expiration Date: _____ Reason: _____

_____

_____
Building Inspector / Code Enforcement Officer

1 Veterans Drive P.O. Box 550 New Paltz, NY 12561 (845)-255-0102 fax 255-7870