



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