

TOWN OF NEW PALTZ

BUILDING DEPARTMENT

BUILDING PERMIT EXTENSION REQUEST

| Name: | Permit # |
|---|----------------------------------|
| Address: | S/B/L: |
| Date of Request: Reason for request: | |
| request: | |
| | |
| Signature | |
| Belo | ow this line for Office use only |
| Approved: | Denied: |
| New Expiration Date: | Reason: |
| | |
| Building Inspector / Code Enforcement O | fficer |

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