	494 MAIN STREET • P.O. BOX	CHESTER – BUILDING INS (191 • Manchester, CT 06045-0191 • Phone:	860-647-3052 • Fax: 860-647-3144	
ANO P. 100 000 000 000 000 000 000 000 000 00	Building Permit Extension Request Form			
	8	ode, every permit shall become inva ed for a period of 180 days after the	•	
part premised up		val or Occupancy for work perforn ermine compliance with the require		
All expired build authorized agent		request(s) must be made in writing	g by the owner or the owner's	
Property Address:Space\Unit #			pace\Unit #	
Reason for your r	equest: 🗌 final ap	proval not secured by contractor	selling property	
Per	mit Number	Scope of Work	Internal Use OnlyApprovedDenied	
Contact informa Owner or owner's				
		Cell:		
Signature:	ignature: Owner Owner's authorized agent			
required inspectioPermit nur	ons. Please be advised mber(s) are required w	owner or their agent must call or offi : /hen scheduling inspections. 6 day prior notification in order to be s		
Assistant Chief Building Inspector:Date:				