



# **SUPPLEMENTAL APPLICATION BUILDING PERMIT EXTENSION or RE-ACTIVATION REQUEST**

CRM  Walk-in  Mail  Email  Phone

DATE: \_\_\_\_\_

### **14.04.268 Permit Expiration:**

#### **IBC Section 105.5 is amended as follows:**

105.5 Expiration. Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. Having required inspections performed and approved within every 180 days is evidence that work has commenced and is continuing. Permits that do not receive an inspection within 180 days of permit issuance or within 180 days since the previous approved inspection, shall automatically expire and become invalid. The Building Official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each, based on good and satisfactory reasons. The extension shall be requested in writing prior to permit expiration, and shall demonstrate good cause.

**Please allow up to 7 days for the review process. If your extension is granted, you will be notified or you may check the permit status and see the updated expiration date on our website at [www.kitsapgov.com/dcd](http://www.kitsapgov.com/dcd). If a fee is owed you will need to pay within 14 days of notification or the permit will be cancelled and you will have to re-apply.**

Applicant Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ Permit #: \_\_\_\_\_ Permit Type: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have any of the original permit paperwork? Yes \_\_\_\_\_ No \_\_\_\_\_ Inspection Card? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain the reason for this request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Property Owner  Contractor  Authorized Agent

-----Office Use Only Below-----

Expiration Date: \_\_\_\_\_ Fees Paid: \_\_\_\_\_ Fees Owed: \_\_\_\_\_ Impact Fees: \_\_\_\_\_

Last Inspection Date: \_\_\_\_\_ Inspection Hrs: \_\_\_\_\_ Reviewer Hrs: \_\_\_\_\_

Number of extensions: \_\_\_\_\_ Dates of extensions: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

