

CITY OF AMITY

109 Maddox Avenue
P.O. Box 159
Amity, OR 97101

Ph: (503) 835-3711
Fax: (503) 835-3780



PERMIT EXTENSION REQUEST

Date: _____

City of Amity
c/o Building Official
P.O. Box 159
Amity, OR 97101

This letter is to request an extension of permit # _____ for a single period of 180 days.

This permit is for work at _____ Amity, OR.
Job Address

In making this request, I hereby certify that the above permit has not expired per any provisions of the Oregon Building Code.

I understand that if the permit for which I am requesting an extension for has expired by reason of any of the provisions of the Oregon Building Code, I will be required to obtain a new permit covering the proposed construction and the fee of one half of the original permit will be due prior to issue.

Sincerely,

Contractor or Owner/Builder

CCB # _____

Approved: _____
Date

By: _____
Name/Title (Please Print)

Disapproved: _____
Date

By: _____
Name/Title (Please Print)