Building Department
12300 Forest Hill Boulevard, Wellington FL 33414
Phone: 561-753-2430 Fax: 561-791-4045
www.wellingtonfl.gov

PERMIT EXTENSION FORM

PERMIT NUMBER:_____DATE:_____

CONTRACTOR:_____PHONE:_____

JOB ADDRESS: _____

EMAIL: _____

FAX: _____

REASON FOR
EXTENSION:_____

_____

_____ _____
Applicant Signature Applicant Name

OFFICE – USE

❑ MECHANICAL ❑ ROOFING ❑ OTHER _____
❑ PLUMBING ❑ ELECTRICAL ❑ OTHER _____

Fees Due: ❑ 10% of Original Permit fee: ----------$_____
❑ Minimum Fee $35.00----------$ _____
❑ Required Inspections_____X $35.00 $ _____
TOTAL $ _____

❑ **Approved** ❑ **Denied** **Extended to:** _____

Building Official:_____Date: _____