



CITY OF TUMWATER
 555 ISRAEL RD. SW, TUMWATER, WA 98501
 (360) 754-4180 (360) 754-4126 (FAX)
 Email: cdd@ci.tumwater.wa.us

**REQUEST FOR PERMIT
 EXTENSION**

| |
|----------------|
| DATE STAMP |
| _____ |
| RCVD by: _____ |

You may request a permit extension if your permit has not yet expired. Only two (2) extensions are allowed per permit. The fee for the first extension is 5% of the original permit fee. The fee for the second extension is 10% of the original fee.

PERMIT #: TUM- _____ - _____

PERMIT EXPIRATION DATE: ____ - ____ - ____

PERMIT TYPE: _____

SUBJECT PROPERTY

ADDRESS OF PROPERTY (COMPLETE): _____

APPLICANT *(please print neatly)*

NAME OF APPLICANT: _____

APPLICANT'S MAILING ADDRESS (COMPLETE): _____

APPLICANT'S TELEPHONE(S): _____

APPLICANT'S E-MAIL: _____

REASON FOR EXTENSION REQUEST:

Attach additional sheets as needed.

I affirm that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site or am duly authorized by the owner to act with respect to this application. Further, I grant permission to any and all employees and representatives of the City of Tumwater and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application. I agree to pay all fees of the City that apply to this application.

 Signature of Applicant/Representative

 Date

| | |
|----------------------------|----------------------------|
| FOR OFFICE USE ONLY | |
| DATE PAID: _____ | |
| AMOUNT PAID: _____ | NEW EXPIRATION DATE: _____ |