



City of Brooksville
 Building Division
 201 Howell Avenue, Brooksville, FL 34601
 Phone: 352-544-8301 Email: permits@cityofbrooksville.us

REQUEST TO ALTER OR CHANGE A BUILDING PERMIT

DATE: _____

PERMIT NO.: _____

Job Site Address: _____

Request to (check one): **Change** **Cancel** **Extend** **Reactivate**

REASON FOR REQUEST:

This permit's next inspection, if applicable, will be ready to call in on: _____
 (FUTURE INSPECTION DATE)

There is a \$50.00 fee associated with each request.

 (Owner Builder/Contractor Signature)

 (Contractor's State License Number – if applicable)

Email Address: _____

Office Use Only:

Check Appropriate Request: Change Cancel Extend Reactivate

Date Permit Issued: _____ Use Type: _____

Last Date of Completed Inspection: _____ Inspection Type: _____

Has Permit Extension been granted before? _____ If yes, date approved: _____

Has Permit been reactivated before? _____ If yes, date approved: _____

Building Official:

Approved: _____ Denied: _____ Date: _____

Notes: _____

NOTE: The City of Brooksville Code of Ordinances gives the Building Official the authority to grant an extension up to 90 days, providing the extension is requested in writing and a justifiable cause is demonstrated prior to the expiration date. I understand that **ALL** construction under this permit must be completed within two (2) years of original permit issuance date.