

TOWN OF DELMAR

100 S. Pennsylvania Ave.

Delmar, MD 21875

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www.townofdelmar.us

REQUEST FOR EXTENSION ON BUILDING PERMIT

PROJECT INFORMATION

Date: _____ Building Permit #: _____

Location Address: _____

Reason for Extension Request: _____

Amount of Additional Time Requested: _____ (*# Days/Months*)
(*Can Request No More Than 6 Months at a time*)

Contact Name: _____ Ph #: _____

Contact's Email: _____ Date: _____
(*So that we may email your approval to you*)

Office Use Only

Approved For _____ (*# Days/Months*)

Denied

If Denied – Reason for Denial: _____

Code Enforcement Officer or Designee