Request For Permit Extension

Attach copies of updated NYS Workers Compensation, Disability Liability insurance and copy of Westchester County Home Improvement license (if applicable).

Permit Number: ___________________________ Date of Expiration: _________________

Owner Name: ________________________________________________________________

Contractor Name: ____________________________________________________________

Reason for request: ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

_________________________________________ _________________________________
Signature of Owner Date

For Office Use Only

Inspector Assigned: ___________________________

☐ Permit Extension Granted for _____________ months

☐ Request Denied – Expire permit

Building Inspector: ___________________________________________________________