



# City of Miami Gardens

Building Department  
1515 N.W. 167<sup>th</sup> Street, Bldg. # 4  
Miami Gardens, Florida 33169  
305-622-8027 (office) 305-622-8557 (fax)  
[www.miamigardens-fl.gov](http://www.miamigardens-fl.gov)

## PERMIT EXTENSION REQUEST

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Re:** Extension of Permit Number \_\_\_\_\_

**ONLY ONE (1) EXTENSION IS ALLOWED BY THE BUILDING OFFICIAL. A BOARD OF RULES AND APPEALS APPROVAL REQUIRED BEYOND THE FIRST EXTENSION.**

**To whom it may concern:**

This letter is to request an 180 day extension on the above referenced permit number for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely:

\_\_\_\_\_  
(Signature of Qualifier, Owner-Builder or Owner-Builder's Agent)

STATE OF FLORIDA

COUNTY OF MIAMI DADE

Sworn to and subscribe before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by: \_\_\_\_\_

Printed Name of Signer

[ ] Personally known to me [ ] or Produced Identification

Type of Identification: \_\_\_\_\_

[ ] Did take Oath [ ] Did not take Oath

\_\_\_\_\_  
Signature of Notary Public

### FOR OFFICE USE ONLY

Approved By: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Permit Issued Date: \_\_\_\_\_

Permit Date: \_\_\_\_\_

Last Inspection Date: \_\_\_\_\_

Jobsite Address: \_\_\_\_\_