

CITY OF SALISBURY

Department of Building, Permits & Inspections

125 N. Division St., Rm. #B-13

Salisbury, MD 21801

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www.ci.salisbury.md.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: _____

Director, William T. Holland