



CITY OF HAGERSTOWN, MARYLAND

Planning and Code Administration Department

Permit Extension Application

Today's Date: _____

Permit Number: _____

Property Address: _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone: _____

Contractor Email: _____

Reason for extension request: (Supporting documents can be attached if needed)

Applicant Signature: _____ Date: _____

Staff Use Only

Permit Extension:

- Approved
- Denied

New Permit Expiration Date _____ Fee Paid: _____

Staff: _____ Date: _____