



Department of Community Development and Sustainability

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RESALE EXTENSION REQUEST

Date: _____

CO Number: _____

Property Address: _____

To: Chief Building Official

(Reason for extension request)

Person Requesting Extension (check one): Owner ____ Contractor ____ Agent ____

Name and address of person requesting extension:

Telephone Number: _____ Email: _____

Note: You will receive notification by mail.

Ok to Extend _____ (Initials)

Denied _____ (Initials)