



PERMIT EXTENSION OR REACTIVATION REQUEST FORM

PROJECT INFORMATION

Send completed forms to permits@maranaAZ.gov

Permit No.:

Date of Request:

Project Address:

Type of permit:

- Building Permit
- Temporary Certificate of Occupancy

Type/Length of Requested:

- 60 Day Extension
- 90 Day Extension
- Permit Reactivation (180 Days)

Reason for the request – Explain why the existing timeframe was not met and why the requested extension or reactivation timeframe will be sufficient. (attach additional sheet if needed)

CONTACT INFORMATION

Applicant:

Contact Name:

Address:

City:

State:

Zip:

Email:

Phone No.:

Contractor:

Contact Name:

Address:

City:

State:

Zip:

Email:

Phone No.:

Town of Marana License No.:

Registrar of Contractor License No.:

FOR OFFICIAL USE ONLY

Date Received _____

Approved for _____ days

Existing Expiration Date: _____

Not Approved

New Expiration Date: _____

Conditions:

Approval Signature: _____

Title: _____

Date: _____