

Substantial Completion and Temporary Occupancy Extension Request

Permit Number

Date

PRRES 20236587	02/20125
Project Name	Project Áddress
Medlin	1404 NE EINEST Way
nstructions: This form must be completed to request the extension of additional time on a project. eason for Delay: Provide a brief description of why the remaining items of work were unable to be completed during the initial completion period.	
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	ity Review:
needed, staff will contact the person below to	his request will be reviewed by City Staff associated warranted. If additional information or clarification is usolve these matters. Reviews are typically completed required the signee will be contacted with the time!
	pproval (City Use):
	:eis



Schedule for Completion:

Provide a brief schedule of expected completion dates for the remaining corrective actions not yet complete. Inspections may be viewed by visiting this link and inputting the permit number: https://devservices.cityofls.net/Permit/Locator

Phone:

Project Name

Provide a brief description of why the remaining items of work were unable to be completed during the initial conspletion period.

Name:

Nam

E-Mail: MPAIN. JOR (d amont COM

City Review:

This request will be reviewed by City Staff associated with this project to determine if the extension is warranted. If additional information or clarification is needed, staff will contact the person below to resolve these matters. Reviews are typically completed within two business days and if additional time is required the signee will be contacted with the timeframe for completion.

Approval (City Use): ______

Date: