



CITY OF BOYNTON BEACH

BUILDING DEPARTMENT

100 EAST OCEAN AVE BOYNTON BEACH FL 33435

(561)742-6000

APPLICATION FOR: ☐ EXTENSION ☐ ****REINSTATEMENT**

SELECT ONE: ☐ Permit ☐ Permit Application (max of (3) three extensions)

Project Name: _____

Permit #	Job Address:	
Contractor of Record:		
Phone:	Email:	
Mailing Address:		
City	State:	Zip Code:
Detailed reason for the extension:		

I, the undersigned, am requesting an extension/reinstatement for the item indicated above. I understand that submittal of this form does not constitute in itself approval of the extension/reinstatement.

Qualifier/Authorized Agent

Signature

Date

Printed Name

FOR OFFICIAL USE ONLY

Date of Expiration: _____

Processing Technician Initials: _____

Application Extension (max of (3) three extensions): ☐ 1st \$50.00 ☐ 2nd \$75.00 ☐ 3rd \$100.00

Permit Extension: ☐ 1st \$50.00 ☐ 2nd \$75.00 ☐ 3rd \$100.00 ☐ Extension beyond 90 days \$250.00 (Requires Building Board of Adjustment & Appeals Approval)

Permit Reinstatement Fee:

Under 180 days of inactive status ☐\$75.00
Over 180 days of inactive status ☐\$75.00 or
Over 180 days of inactive status ☐30%
(Whichever is greater)

Total Permit Value:

Times 2.3 %

Permit Fee: _____

Times 30%

Reinstatement Fee: _____

☐ Approved, extended for _____ days ☐ Denied

****Additional Impact Fees may apply**

Reviewed by Building Official

Date