CITY OF BOYNTON BEACH
DEVELOPMENT DEPARTMENT | BUILDING DIVISION
100 East Ocean Avenue • Boynton Beach, FL 33435 • (561) 742-6350 • Fax 742-6357

APPLICATION FOR: ☐ EXTENSION ☐ **REINSTATEMENT

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

Project Name: _____

Permit #	Job Address:	Unit #
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: _____ _____
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