



Development Services / permits@maranaAZ.gov
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EXTENSION REQUEST FORM

PROJECT INFORMATION

Permit No.:	Date of Request:		
Project Address:			
Type of permit: <input type="checkbox"/> Building Permit <input type="checkbox"/> Model Permit <input type="checkbox"/> Permit Application <input type="checkbox"/> Temporary Certificate of Occupancy	Length of Extension Requested: <input type="checkbox"/> 30 day <input type="checkbox"/> 60 day <input type="checkbox"/> Other (please specify) _____		
Reason for the request - include why existing timeframe was not met and why the requested extension time is 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

<input type="checkbox"/> Approved for _____ days <input type="checkbox"/> Not Approved <input type="checkbox"/> Conditions:	Date Received _____ Existing Expiration Date: _____ New Expiration Date: _____
Building Official Signature: _____	Date: _____