



TOWN OF PUTNAM

MUNICIPAL COMPLEX

TOWN HALL

200 SCHOOL STREET • PUTNAM, CT 06260

PERMIT EXTENSION REQUEST

Permit Number: _____ New Expiration Date: _____

Address on Permit: _____
(Project address)

Current Expiration Date on Permit: _____

Person Requesting Extension: _____

Name of Company/Contractor: _____

Business Phone: _____

Length of Time Requested:

_____ 30 DAYS _____ 60 DAYS _____ 90 DAYS _____ 120 DAYS

Reason for Request: _____

Signature

Date

Print Name

****OFFICE USE****

APPROVED BY

DATE