



DEPARTMENT OF PLANNING AND
COMMUNITY DEVELOPMENT

CITY OF SUFFOLK

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ZONING PERMIT EXTENSION REQUEST

Please complete and return this form. The Building Division will return it to you with a reply.

DATE: _____ ZONING PERMIT# _____

JOB SITE ADDRESS: _____

I would like to obtain an extension for my building permit for the following reason:

Time needed to complete the project: _____
(Cannot exceed 180 days)

_____ or _____
PROPERTY OWNER (please print) CONTRACTOR (please print)

_____ or _____
SIGNATURE SIGNATURE

MAILING ADDRESS: _____

PHONE NUMBER: _____

THIS PORTION TO BE COMPLETED BY THE ZONING OFFICIAL / DESIGNEE

APPROVED: _____ EXTENSION EXPIRATION DATE: _____

COMMENTS: _____

DENIED: _____ REASON: _____

_ Zoning Official's / Designee's signature: _____ Date: _____