

City of Madeira Beach
BUILDING DEPARTMENT
300 Municipal Drive
Madeira Beach, FL 33708
PH: 727-391-9951 ext. 284
email: buildingdept@madeirabeachfl.gov

PERMIT EXTENSION AFFIDAVIT

Permit #: _____

Job Address: _____, Madeira Beach, FL 33708

Contractor: _____ License# _____

Phone #: _____ Email: _____

Homeowner or Agent Name: _____ Phone #: _____

Reason for permit extension request:

(To be reviewed for approval by the City of Madeira Beach Building Official)

Per the 2020 FBC – Section 105.4 Conditions of the permit;

Per the City of Madeira Beach City Ordinance Sec. 14-189 – Expiration.

Contractor (Print name) _____

Contractor (Sign name) _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____
by _____ who is personally known to me or has produced
identification in the form of _____.

Notary public: _____

SEAL

