Permit Reinstatement Request

City of Dunedin, Florida
Planning & Development
737 Louden Avenue
Dunedin, FL 34698
727-298-3210
WWW.DUNEDINGOV.COM

Date: _____

From: _____

Permit Number: _____

Address of Property: _____

Contractor Name: _____

Contractor Address: _____

_____

Contractor Phone: _____

To Building Official:

I am requesting that the above referenced permit be reinstated for:

- ☐ An additional four-months (120 days).
- ☐ An additional six-months (180 days).
- ☐ An additional _____ months. (Not to exceed 6 months)

I have not been able to obtain an approved inspection because:

_____

_____

_____

_____

_____

I understand my inspections must be requested, completed and approved, including a final inspection, within the time frame established by the Building Official.

_____ _____

Contractor Signature Print Name

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Fees will be due at time of approval of this request.

Office Use Only:

Approved By: _____ Date: _____ Fee: _____