



**PERMIT REINSTATEMENT REQUEST**  
 City of Dunedin, Florida ♦ Community Development Department  
 737 Loudon Avenue ♦ Dunedin, FL 34698 ♦ 727-298-3210 ♦ [www.dunedingov.com](http://www.dunedingov.com)

Date: \_\_\_\_\_  
 Permit No: \_\_\_\_\_  
 Job Address: \_\_\_\_\_

**PERMIT HOLDER INFORMATION**

Contractor: \_\_\_\_\_  
 License Holder: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Please check one of the following and provide justifiable cause for the request below.

- I am requesting to reinstate the above-referenced permit for four (4) months.
- I am requesting to reinstate the above-referenced permit for six (6) months.
- I am requesting to reinstate the above-referenced permit for \_\_\_\_\_ months.

Justifiable cause for permit reinstatement request: (Please explain)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that if this permit reinstatement request is granted all required inspections must be requested, completed and approved, including any final inspections prior to permit expiration.

\_\_\_\_\_  
 Contractor/Agent Signature Printed Name

**FOR OFFICE USE**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \_\_\_\_\_