DUNEDIN
Home of Honeymoon Island

PERMIT REINSTATEMENT REQUEST

City of Dunedin, Florida ♦ Community Development Department
1415 Pinehurst Road, Unit F ♦ Dunedin, FL 34698 ♦ 727-298-3210 ♦ **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: _____