



**MONTGOMERY COUNTY GOVERNMENT  
BUILDING AND CODES DEPARTMENT**

350 Pageant Lane, Suite 309  
Clarksville, TN 37040  
Phone 931-648-5718 Fax 931-553-5121

**Time Extension Application for Issued Building Permits**

Applicant / Owner Name: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Permitted Address: \_\_\_\_\_  
Street City State Zip

**Please Read:** Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The Building Official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated.

Please **Circle** your requested extension time: **30 days 60 days 90 days 120 days 150 days 180 days**

Please Provide Justifiable Cause: (Please Print) \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant / Owner Date

**FOR OFFICE USE ONLY**

**Extension:**  Approved  Denied **This Extension has been approved for \_\_\_\_\_ days.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of days previously approved for extension: \_\_\_\_\_ Extension beginning ate: \_\_\_\_\_

**This Extension will end on:** \_\_\_\_\_.

\_\_\_\_\_  
Building Official Signature Date