



**CITY OF HALLANDALE BEACH**

BUILDING INSPECTIONS DIVISION

400 South Federal Highway

Hallandale Beach, FL 33009

Office 954-457-3023 ● Fax 954-457-1343

**ACTIVE PERMIT EXTENSION / EXPIRED PERMIT REINSTATEMENT**

(Only the Owner or Permit Holder may request a permit to be extended/reactivated/reinstated.)

This form may be submitted to the City of Hallandale Beach, Building Inspections Division in Person, Via Fax to (954) 457-1343 or Emailed to [leonhardt@cohb.org](mailto:leonhardt@cohb.org)

This is a request for an extension / reinstatement of the following permit:

<b>Permit Number(s):</b>		<b>Job Address:</b>	
<b>Current Contractor Information</b>		<b>Owner's Information</b>	
Name:		Name:	
Phone No:		Phone No:	
Address:		Address:	
City:		City:	
State & Zip:		State & Zip:	
Email:		Email:	
<input type="checkbox"/> <b>Extension</b> <b>NEW EXPIRATION DATE:</b> FBC-BCAP 105.3.2.2		<input type="checkbox"/> <b>Reinstatement</b> <b>NEW EXPIRATION DATE:</b> FBC-BCAP 105.3.2.5 and 105.3.2.5.1	
<input type="checkbox"/> <b>First – Date:</b>		<input type="checkbox"/> <b>Second</b>	
An extension can only be requested, if the permit is <b>active</b> and the permit holder needs additional time for inspections. Extensions are possible for two (2) periods of ninety (90) days; within one year A fee of \$125.00 or the original permit cost (whichever is less) is required to be paid for this extension approval.		A reinstatement can only be requested, if the permit is expired and the Building Official fails to provide a 30 days' written notice of expiration to the owner and the permit holder and the permit expires. If approved, a fee of \$50.00 and a 10% of the original permit cost is required to be paid for this / these reinstatement(s) on each permit as noted above. <b>Also, be aware, that these permits will not qualify for additional reinstatements.</b>	

I/We certify that the above information is a true and accurate representation of the facts. Further, I/We agree to hold the City of Hallandale Beach, its agents and authorized personnel, harmless and relieve them from any responsibility for damages or expenses, including but not limited to attorney's fees resulting from the cancellation of this permit or the issuance of a new permit. It is your responsibility to notify all interested parties of this Extension / Reinstatement Letter.

\_\_\_\_\_  
Contractor's Signature

or

\_\_\_\_\_  
Owner or Agent Signature

State of **Florida** – County of **Broward**

Before me, an officer duly authorized to administer oaths and take acknowledgements, personally appeared

\_\_\_\_\_, the Owner or Agent of the above property or the contractor of record who is sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, who is personally known to me or who produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Signature

(Print, Type & Stamp Commissioned Name of Notary Public)

*Building Division Office:*

APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_