



DEPARTMENT OF FINANCIAL SERVICES
CUSTOMER BILLING SERVICES DIVISION

EXTENSION REQUEST FORM

Completed form **MUST** be uploaded to the permit via your CSS portal
CapeCoral.gov/energov

Date:	Permit #:	Type of Permit:
** Note: Extension requests not to exceed 90 days **		
Permits are extended from the expiration date, not from the date the extension request is submitted		
Days Requested:	Days Granted:	
Applicant Name:		
Site Address:		
Block:	Lot:	Phone:
Reason job not completed:		
Printed Name:	Signature:	
FOR OFFICE USE ONLY		
Current Expiration Date:	New Expiration Date:	
Approved By:	Date:	
Rejected By:	Date:	
1 st :	2 nd :	
3 rd :	4 th :	
Fee: \$	CSR Initials:	