



# TOWN OF MORRISTOWN

## DEPARTMENT OF CODES & ZONING

*Christopher J. Sherwin* / Code Enforcement Officer

604 Main St. / P.O. Box 240 Morristown, NY 13664

PHONE: (315) 375-8572 / FAX: (315) 375-4723

### PERMIT EXTENSION REQUEST

\_\_\_\_\_ (Date)

Town of Morristown  
C/O Code Official  
604 Main St / P.O. Box 240  
Morristown, NY 13664

This letter is to request an extension of permit # \_\_\_\_\_ for a single period of 1 year.

This permit is for work at \_\_\_\_\_ Morristown, New York 13664.  
(Job Address)

In making this request, I hereby certify that the above permit has not expired per any provisions of New York State Building Codes.

I understand that if my extension request is accepted for the permit (s) I am applying for, fees of one half of the original permit fee or the applicable minimum fee\*, whichever is greater, will be due prior to the original permit expiration date in order to activate the extension.

I also understand that if the permit for which I am requesting an extension for has expired by reason of any of the provision of the above code, I will be required to obtain a new permit covering the proposed construction and the original permit fees\* will be applied and due prior to Issue.

Sincerely Yours,

\_\_\_\_\_  
Contractor or Owner/Builder