



TOWNSHIP OF SEVERN
PERMIT EXTENSION FORM (Up to 1 Year)

DATE: _____ **PERMIT#:** _____

SITE LOCATION: _____

OWNER/APPLICANT (print): _____

EMAIL ADDRESS: _____

TELEPHONE #: (H) _____ (CELL) _____

PROJECT: _____

WORK OUSTANDING:

EXTENSION EXPIRY DATE (*As Per Owner's Request*): _____

APPLICANT'S SIGNATURE: _____

BUILDING INSPECTOR'S APPROVAL: _____

PERMIT EXTENSION FEE: \$150.00

Paid by: Cheque _____ Cash _____ Debit _____

ROLL #: 4351 () _____

**TOWNSHIP OF SEVERN
P O BOX 159
ORILLIA, ON L3V 6J3**

"Alternate formats available upon request for accessibility"