



VILLAGE OF INDIANTOWN

Community & Economic Development Department
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PERMIT RENEWAL / PERMIT EXTENSION REQUEST FORM

PROPERTY INFORMATION	PERMIT NUMBER: _____ REQUEST DATE: _____	
	PARCEL ID NUMBER: _____	
	PROPERTY ADDRESS: _____	
	PROPERTY OWNER NAME: _____	
	OWNER PHONE NUMEBR (_____) _____ EMAIL ADDRESS _____	
CONTRACTOR	COMPANY NAME: _____	
	PROJECT NAME: _____ PROJECT CONTACT: _____	
	PROJECT CONTACT PHONE NUMBER: (_____) _____ EMAIL: _____	
TYPE OF REQUEST	Please indicate below the type of request needed: <input type="checkbox"/> RENEW EXPIRED PERMIT <input type="checkbox"/> PERMIT EXTENSION <input type="checkbox"/> CANCEL PERMIT REASON FOR REQUEST: _____ _____ _____ _____ _____	
	PLEASE DO NOT WRITE BELOW (INTERNAL USE ONLY)	
Received By: _____ Date Received: _____		
<input type="checkbox"/> APPROVED EXTENSION PERIOD: _____ DAYS	<input type="checkbox"/> DENIED DENIAL REASON: _____ _____ _____ _____ _____	
Reviewed By: _____ Date: _____		