

Occupancy Permit Extension Request Form

Department of Community Development

Building Division (618)346-5200 Ext. 3

Email: Commdevfd@collinsvilleil.org

Date: _____



Applicant Information:

Name: _____

Phone Number: _____

Requesting Address: _____

Email: _____

Length of Extension Requested: _____ DAYS

Reason for Request:

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Signature of Applicant

Date

Case #: _____ (OFFICE USE ONLY)

Building Official Approval/Denial: _____

Comments:

_____ _____ _____ _____ _____ _____
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Signature:

Chief Building Official

Date