Ionia County
175 Adams St
Ionia, MI 48846
616-527-5374

Permit Extension Request

Applicant: ☐ **Owner** ☐ **Licensee** (Contractor)

Project information
Address:_____ **Jurisdiction:**_____
Permit Number:_____ **Parcel Number:**_____

Owner Information
Name:_____ **Telephone:**_____
Address:_____ **Email:**_____
City:_____ **State:**_____ **Zip Code:**_____
(If different than above address)

Contractor/Licensee Information
Company/Contractor:_____
Address:_____ **City:**_____
State:_____ **Zip Code:**_____ **Telephone:**_____
Email:_____

Reason for Extension and number off days requested up to 180 days:
_____
_____
_____
_____
_____
_____
Print:_____
Signature:_____ **Date:**_____

OFFICE USE ONLY
Approved, extended for_____ days.
Disapproved

Approval Signature:_____ **Date:**_____