



Department of Planning & Codes

Caroline County, Maryland
Health & Public Services Bldg.
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**Building Permit / Zoning Certificate
EXTENSION REQUEST**

BUILDING PERMIT NO: _____ EXPIRATION DATE: _____
ED: _____ MAP: _____ BLOCK: _____ PARCEL: _____ LOT: _____
OWNERS NAME: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE NO(S): _____ OR _____

CIRCUMSTANCES FOR EXTENSION REQUEST:

Have there been any changes/additions/alterations to the building or structure in regards to size, location or use? ρ YES ρ NO If yes, please note changes below:

APPLICANT SIGNATURE: _____ DATE: _____

- OFFICE USE ONLY -

The extension request on Building Permit/Zoning Certificate No: _____
Has been (granted) (denied). A new application for building permit/zoning certificate is
required to be submitted for review after expiration date of: _____.
Work must remain in progress at the site.

Building Official
or other authorized signature: _____ Date: _____