

**REQUEST FOR EMERGENCY DECLARATION  
DEVELOPMENT ORDER EXTENSION (Section 252.363, F.S.)**

***This application must be filed within 90 days after the termination of an emergency declaration.***

**Governor's Declaration of State of Emergency Executive Order #:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
<b>Permit No.</b>	<b>Date</b>

<b>Owner(s) of Record (please print)</b>
Name:
Address:
E-mail Address:
Phone:
Fax:

<b>Agent Authorized to Act on Owner Behalf*</b>
Name:
Address:
E-mail Address:
Phone:
Fax:

*\*Attach notarized authorization for agent to act on owner's behalf if not on file, or if authorization has expired*

<b>PROJECT INFORMATION</b>
1. Project Name
2. Original Permit Number
3. Street address
4. Tax parcel(s)
5. Date Permit will expire**
6. Type of Permit**
7. What is the anticipated timeframe for acting on this extension?

**\*\*Please submit a separate Public Records Request form if needed and refer to corresponding fee for the Public Records request.**

**Please attach the following:**

- A copy of the issued Permit
- A copy of the declaration of state of emergency (see [www.flgov.com/all-executive-orders/](http://www.flgov.com/all-executive-orders/))

**Please check to acknowledge the following:**

- It is the applicant's responsibility to apply for extensions of all related development permits (such as water management district permits and/or Department of Environmental Protection permits)
- The new expiration date will be calculated based on the emergency declaration time period plus 6 months from the existing development order expiration date.
- A request for an extension is not granted until approved by the Building Official as indicated on page two and under the conditions listed in the attached letter. The extension is only applicable to the permit issued by the Building Inspection Department.

*(Please continue on page two)*

CERTIFICATION

The undersigned has read the above application and is familiar with the information submitted. It is agreed and understood that the undersigned will be held responsible for its accuracy. The undersigned hereby attests to the fact that the parcel number(s) shown in question 4 is/are the true and proper identification of the area for which the extension request is being submitted. Signatures of all owners or their agent are required on this form. Signatures will be accepted only with notarized proof.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Print or Type Owner/Agent Name

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by (Name) \_\_\_\_\_.

\_\_\_\_\_  
Signature – Notary Public

Personally Known \_\_\_\_ OR Produced Identification \_\_\_\_ (Type) \_\_\_\_\_

<b>**STAFF USE ONLY**</b>		
<input type="checkbox"/> Approved	<input type="checkbox"/> Pending Additional Information	<input type="checkbox"/> Denied
<input type="checkbox"/> Letter attached		
Building Official: _____ Signature: _____ Date: _____		
Comments: _____		
_____		
_____		