

Upper Moreland Township

Permit Extension Request

Date_____

(Per ACT 45 of the U.C.C.)

Type of Permit_____ Permit #_____

Date of Original Issuance_____

(If greater than 5 years from original issue date, or projected completion, a full permit re-submission will be required)

Permittee_____

Location_____

Description of Project_____

Reason for Extension_____

Expected Completion Date_____

(Project will be re-evaluated NLT 6 months from extension date as applicable)

Approved: _____ Date: _____

Denied: _____ Date: _____