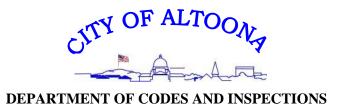
1301 12th Street Suite 103 Altoona PA 16601 (814) 949-2456 phone (814) 949-2203 fax inspections@altoonapa.gov



Rebecca M. Brown Director

Code Enforcement Inspections Land Development Zoning GIS

APPLICATION FOR PERMIT RENEWAL FEE: \$20.00

ι ΕΕ: Ψ20:00
PROPERTY INFORMATION:
Property Address:
Property Owner:
Property Owner Address:
Property Owner Phone: Email:
PERMIT INFORMATION:
Original Permit Number: Date Issued:
Job Description:
,
Remaining Work to be Completed:
Inspections to be conducted:
Inspections to be conducted: (must not be greater than permit expiration date)
Date of completion:(must not be greater than permit expiration date)
CONTRACTOR INFORMATION: (if applicable)
Contractor Name:
Contractor Phone: Email:
As the owner or certified agent of the building, structure or premise where the work is being conducted, I agree to the following: 1. This request for permit renewal will be for a period of six (6) months, or a date determined by the Building Code Official 2. Work is to be completed by the date provided above. If work is not completed by that date, another permit renewal will be required. 3. All inspections must be conducted. Contact our office to schedule all inspections.
Signature: Date Signed:
FOR DEPARTMENT USE ONLY: APPROVED DENIED
Notes:

Date:_

City Representative Signature_____