

**APPLICATION FOR BUILDING PERMIT EXTENSION**



**CITY OF BELLEVUE**  
COMMUNITY DEVELOPMENT DEPARTMENT - BUILDING & SAFETY  
115 East Pine | P.O. Box 825 | Bellevue, ID 83313  
Telephone: (208) 913-0191 | Fax: (208) 788-2092 | Email: [building@bellevueidaho.us](mailto:building@bellevueidaho.us)

OWNER'S NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
CONTRACTOR: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

*For Official Use Only*

New Permit No: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Extension Fee: \$100.00

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EXTENSION OF \_\_\_\_\_  
PREVIOUS PERMIT NO. \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_  
180 DAYS FROM EXPIRATION DATE: \_\_\_\_\_

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NEW EXPIRATION DATE FOR THIS EXTENSION. \_\_\_\_\_

CONTRACTOR REGISTRATION NO.: \_\_\_\_\_ **Mandatory**

STREET ADDRESS OF WORK: \_\_\_\_\_

LEGAL DESCRIPTION OF LAND: LOT# \_\_\_\_\_ BLOCK # \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

BRIEFLY EXPLAIN REMAINING WORK TO BE DONE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ESTIMATED DATE/TIME OF COMPLETION: \_\_\_\_\_

The Completion of this Application Does Not Constitute a Building Permit

**NOTE: Extensions are only valid for 180 days from the date of expiration.**

I hereby acknowledge that I have filled in this application accurately to the best of my knowledge and that I agree to comply with all City ordinances and State laws regulating building construction within the City of Bellevue, Idaho.

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Contractor, Owner, or Authorized Agent

Approved  Denied \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Building Department Representative