PERMIT EXTENSION
Camden County
Lake Area Planning & Zoning

#1 Court Circle, Suite 15
Camdenton, MO 65020

E-Mail: pz@camdenmo.org
Web-site: *www.camdenmo.org*

Phone: 573-346-4440 (361)
FAX: 573-317-9114

Applicant (s) Name: _____
Mailing Address: _____
City / State / Zip+4: _____
Telephone: _____ Fax #: _____ Cell #: _____
E-Mail Address: _____
Other Contact Information: _____
_____

- This Permit Extension is hereby granted for a 6-month period from _____ To _____.
- At the end of the 6-month extension period this permit will expire and if needed a new Construction Permit will be required, with a new application and submittals.
- This extension is issued based on full compliance with all required provisions of the Unified Land-Use Codes and the assumption that the original permit specifics have not changed.

I hereby agree to the above conditions and request that a 6-month extension be granted for my permit as identified below.

_____	_____	_____
(Print Name)	**(Signature)**	**(Date)**

	Type of Permit	Permit Number	Date Issued
☐	Construction Permit	_____	_____
☐	Land Disturbance Permit	_____	_____
☐	Conditional Use Permit	_____	_____
☐	Zoning Permit	_____	_____
☐	Other	_____	_____

Office Use Only

Comments: _____
_____
_____
_____

Authorized By _____ Date Authorized _____