



**CITY OF MANASSAS**  
**DEPARTMENT OF COMMUNITY DEVELOPMENT**  
**DEVELOPMENT SERVICES**

9027 Center Street, Room 201, Manassas, VA 20110  
Phone: 703-257-8278 ♦ Fax: 703-257-5831 ♦ Email: [permitstatus@ci.manassas.va.us](mailto:permitstatus@ci.manassas.va.us)

## PERMIT EXTENSION APPLICATION

Pursuant to the Virginia Uniform Statewide Building Code §108.8 and §110.6, a request is hereby made to extend permit # \_\_\_\_\_ which is due to expire on \_\_\_\_\_.

I, \_\_\_\_\_, certify that I am the \_\_\_\_\_ of  
(Print Owner/Owner's Agent Name) (Select Correct Status)

\_\_\_\_\_  
(Project or Building Address)

**Contractor:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor's VA License # \_\_\_\_\_

Contractor's City of Manassas Business License # \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

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**TO BE COMPLETED BY THE BUILDING OFFICIAL**

Building Official \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: \_\_\_\_\_

This extension will expire on \_\_\_\_\_