



# PERMIT EXTENSION REQUEST

City of Prior Lake | Building Inspections  
4646 Dakota Street SE, Prior Lake MN 55372  
Office: (952) 447.9850 | [permits@PriorLakeMN.gov](mailto:permits@PriorLakeMN.gov)

SITE INFORMATION			
Site Address:	Parcel:	Permit #:	
Permit Type:		Permit Expiration Date:	
PROPERTY OWNER INFORMATION			
Name	Email		Phone
Address	City	State	Zip
PERMIT APPLICANT INFORMATION			
Applicant Name	Phone #:		License Number
Address	City	State	Zip
Contact		Email	
PLEASE INDICATE PROJECT TYPE <input type="checkbox"/> Residential or <input type="checkbox"/> Commercial / Industrial			
<input type="checkbox"/> Request for Extension - Permit is not yet expired.			
<input type="checkbox"/> (30) Day Extension Request			
<input type="checkbox"/> (60) Day Extension Request			
Cause for Extension Request and Anticipated Completion Plan:  _____  _____  _____			
I hereby certify that the information contained herein is correct and agree to finalize the construction activities related to this project in accordance with the City of Prior Lake ordinances and Minnesota State codes. I understand, failure to obtain an extension will result in permit expiration.			
Signature of Applicant			
Printed Name of Applicant			Date