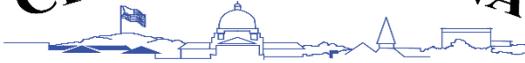


CITY OF ALTOONA

CODES AND INSPECTIONS DEPARTMENT

PERMIT RENEWAL APPLICATION
FEE: \$50.00

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 _____

Date of Completion _____ (must not be greater than the permit expiration date)

CONTRACTOR INFORMATION (if applicable)

Contractor Name _____

Contractor Phone _____ E mail _____

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 the Codes & Inspections Department to schedule all inspections.

Signature _____ **Date Signed** _____

FOR DEPARTMENT USE ONLY: APPROVED DENIED

Notes _____

City Representative Signature _____ Date _____

City of Altoona
Codes & Inspections Department
1301 12th Street Suite 103 Altoona, PA 16601
Phone: 814-949-2456 Fax: 814-949-2203 email: inspections@altoonapa.gov