



Kalamazoo Area Building Authority

www.kaba-mi.org

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permits@kaba-mi.org

Permit Extension Request

Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Licensee		
Project Information		
Address:		Jurisdiction:
Permit Number:	Parcel Number:	
Owner Information		
Name:		Telephone:
Address: (if different from above)		Email:
City:	State:	Zip Code:
Contractor/Licensee Information		
Company/Contractor:		
Address:		
City:	State:	Zip Code:
Telephone:		Email:
Reason for Extension (Include Status of Project and Estimated Timeline for Completion)		
Signature:		Date:

For Office Use Only	
<input type="checkbox"/> Approved, extend for _____ days	
<input type="checkbox"/> Disapproved	
Approval Signature _____	Date _____