



Plumbing Permit Extension Request Form

This form should be completed and submitted by the registered plumbing contractor listed on an issued plumbing permit who requests to extend the permit expiration date.

Registered Plumbing Contractor: _____

Permit Address: _____

Permit Number: _____

Extension Request Reason: _____

Once our department receives the completed form, and your request is approved, your plumbing permit will be extended for 3 months from the date the request was received. If you do not submit this form within the required timeframe, the permit will be disapproved, and you will need to obtain another permit to complete the work.

*Please submit this form to environmental@lickingcohealth.org or
Licking County Health Department
675 Price Road
Newark, Ohio 43055*

LCHD Internal Use Only

Clerk Initials:

Date Extension Form Submitted:

Plumbing Inspector Initials:

Plumbing Inspector Approval Date:

Date HDIS Updated w/New Expiration Date: