



**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 expiration date. 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.*

*A total of 3 extensions may be approved before a permit expires.*

*Please submit this form to [environmental@lickingcohealth.org](mailto:environmental@lickingcohealth.org) or  
Licking County Health Department  
675 Price Road  
Newark, Ohio 43055*

**LCHD Internal Use Only**

Date Extension Form Submitted:

Plumbing Inspector Initials:

Approved Date: \_\_\_\_\_ Disapproved Date: \_\_\_\_\_

New Expiration Date: \_\_\_\_\_