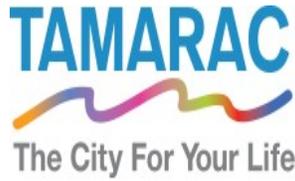


Please email completed form to permit@tamarac.org.



30-day Permit Extension Request

Permit #: _____

Address: _____

Owner's name: _____

Company name: _____

Reason for 30-day extension: _____

Contact e-mail: _____

Contact phone number: _____

Qualifier's Signature

Print Qualifier's Name

State of Florida
County of Broward

Sworn to (or affirmed) and subscribed before me by means of Physical Presence or Online Notarization,

this ____ day of _____, _____, by _____
Day Month Year Name of Person Swearing or Affirming

Signature of Notary Public – State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

Place Notary Seal Stamp Above

Type of Identification Produced: _____

Please email completed form to permit@tamarac.org.