



**THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Environmental Compliance
59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373
Records Control (718) 595-3855**

WP EXT
Rev 06/13

WORK PERMIT EXTENSION REQUEST

DATE: _____

FEE ENCLOSED: _____

APPLICATION #: _____

Premise Information:

Street Address			Name of Premise (if any)			
Floor	Room No.	Borough	Zip Code	BIN	Block	Lot

If an inspection cannot take place within 30 days of your Work Permit expiration date, please provide an explanation for the need of a Work Permit extension and a timeline for when the installation will be ready for inspection. The fee required for a 6 month Work Permit extension is half of the original filing fee.

If the installation is ready for inspection and has expired more than 6 months ago, please provide any other documentation and additional fees that are required.

INSTALLER'S SIGNATURE _____ TITLE _____
(IF LEGALIZATION, P.E., R.A. OR OWNER'S SIGNATURE)

INSTALLER'S NAME _____ TELEPHONE NUMBER _____
(P.E., R.A.'S NAME)

STREET ADDRESS _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____

OWNER'S NAME _____ TELEPHONE NUMBER _____

STREET ADDRESS _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____