



111 Maryland Avenue Rockville, MD 20850

## Permit Extension Request Form Letter

Date: \_\_\_\_\_

Fee: **\$60 for unexpired permit; 50% of permit fee or min permit fee** (whichever is greater) for expired permits.

To: Send request to: [permits@rockvillemd.gov](mailto:permits@rockvillemd.gov)

Permit Holder: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: : \_\_\_\_\_

Email: : \_\_\_\_\_

Permit # (s): \_\_\_\_\_

\_\_\_\_\_

Reason for extension request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_