



CITY OF
MARATHON, FLORIDA
Building Department

Request for Administrative to Close Expired Permit

Project # _____ RE: _____

Property Owner's Name _____

Owner E-mail _____ Phone _____

Location of Construction _____

Contractor/Project Applicant _____

Previous Reinstatement/Extension? Y N If yes how many? _____

Date of last "Passed" Inspection _____ Type of Inspection _____

Reason for Request



CITY OF
MARATHON, FLORIDA
Building Department

Signature Page

Owner:

Contractor:

Signature

Signature

Name (Please Print)

Date

Name (Please Print)

Date

Owner:

NOTARY STATE OF _____

COUNTY OF _____

Before me, this ____ day of _____, 20____, personally appeared _____
Who executed this foregoing instrument, and acknowledged before me that same was executed for the purposes
therein expresses.

☐ Personally Known or ☐ Produced ID: _____

Signature of Notary Public – State of _____

My Commission Expires:

Contractor:

NOTARY STATE OF _____

COUNTY OF _____

Before me, this ____ day of _____, 20____, personally appeared _____
Who executed this foregoing instrument, and acknowledged before me that same was executed for the purposes
therein expresses.

☐ Personally Known or ☐ Produced ID: _____

Signature of Notary Public – State of _____

My Commission Expires:

Building Official:

Signature

Date