

# O'Fallon Occupancy Permit

## Request for Extension

I, \_\_\_\_\_, would like to request a  
\_\_\_\_\_ day extension to schedule the re-inspection for

\_\_\_\_\_ due to \_\_\_\_\_  
address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please fax this completed form to (618)624-4534 or bring it or mail it  
to our office:

Community Development Department  
255 S Lincoln Ave, 2<sup>nd</sup> Floor  
O'Fallon, IL 62269