Expired Building Permit Reinstatement Request \$50.00



City Of Sedona Community Development Department

102 Roadrunner Drive Sedona, AZ 86336 (928) 282-1154 • Fax: (928) 204-7124

				Date Rec'd:		
				Amt Paid:		
				Initials:		
Owner:				Building Permit #:		
Mailing Address:				Phone:		
E-mail:				Cell Phone:		
Project Address:						
Contact Name:				Contact Pho	one:	
Contact E-mail:				Contact Cel Phone:	I	
Type of Work:						
Justification fo request is as fo						
request is as it	mows.					
_	-	requests to reinst esidential and (IBC			lding Permit purs	suant to Section 105.5 of
the (me) interne	acionai i	esidential and (ibe	a international be	linding code.		
Signature of Owner or Authorized Agent				Date		
•		tended more than here is a \$50 fee du		equest		
☐ APPROVED	TO REIN	ISTATE PERMIT FO	R 180 DAYS unde	r the following cond	itions:	
				ode Section R105.5 an		nal Building Code
☐ REINSTATE	MENT RE	EQUEST DENIED fo	r the following rea	asons:		
Director of Community Development				Date		
Chief Building Official				Date		