



Collinsville Occupancy Permit Request for Extension

ADDRESS: _____

I, _____, would like to request a _____ day extension to
schedule the inspection / re-inspection due to:

Printed Name _____

Signature _____

Date _____

Phone _____ Email _____

City of Collinsville
Community Development Department
125 South Center Street
Collinsville, IL 62234
(618)346-5200 ext. 1143

If emailing form, please submit to srobinson@collinsvilleil.org

OFFICE USE ONLY

Chief Building Official

Date

Notes _____