

Town of Greensboro 113 S. Main Street  
P.O. Box 340 Greensboro, MD 21639  
410-482-6222  
www.greensboromd.org



**Town of Greensboro**  
**Permit Extension Request**

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Date of request: \_\_\_\_\_ Email: \_\_\_\_\_  
Original Permit Number: \_\_\_\_\_ Expiration date on original permit \_\_\_\_\_  
Name on original permit: \_\_\_\_\_  
Reason for extension: (use back of form if additional space is needed)

Property/Business Owner/Manager Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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**For Office Use Only:**

Approved \_\_\_\_\_ Approval Date \_\_\_\_\_ New Expiration Date \_\_\_\_\_  
Denied \_\_\_\_\_ Reason for denial \_\_\_\_\_

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Authorized Signature: \_\_\_\_\_