TIME EXTENSION

STAFF USE ONLY
Date Submitted: _____ Received by: _____ Fee paid: _____ Project #_____

REQUIRED SUBMITTALS

Application Fee: $350.00

Type of Extension: ☐ Design Review Extension ☐ PUD ☐ Special Use Permit ☐ Subdivision Extension
(Formal, Short, or Condominium)

A COMPLETE APPLICATION, as determined by the Planning Department, is required at time of submittal.

☐ **Completed application form**

☐ **Date of Original approval**

☐ **Justification for the time Extension Request**

☐ **Identify any of the original conditions of approval that have been met to date**

APPLICANT'S INFORMATION

Applicant:		
MAILING ADDRESS:		
CITY:	**STATE:**	**ZIP:**
PHONE:	**EMAIL:**	
SUBJECT PROPERTY:		
SUBJECT PROPERTY'S AIN OR PARCEL ID NUMBER:		

Narrative fully describing the proposed request, including but not limited to the following:
(Date of original approval, Date the approval will expire, Reason the required timeline wasn't met, etc.)

CERTIFICATION OF PROPERTY OWNER(S) OF RECORD *:

I have read and consent to the filing of this application as the owner on record of the area being considered in this application.

Name: _____ Telephone No.: _____

Address: _____

Signed by Owner: _____

The Time Extension described herein has been approved by the Planning Department.

Received:_____, 20_____ Planning: _____

(signature)