



EXTENSION REQUEST

APPLICATION INFORMATION

APPLICATION TYPE AND NUMBER(S): _____

PROJECT ADDRESS: _____

EXPIRATION DATE: _____ LENGTH OF EXTENSION REQUEST: _____
(Maximum 1 year)

APPLICANT INFORMATION

OWNER INFORMATION

NAME _____ NAME _____
(Applicant First & Last Name) (Owner First & Last Name)

MAILING ADDRESS _____ MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

PHONE _____ PHONE _____

E-MAIL _____ E-MAIL _____

REASON FOR EXTENSION (use a separate sheet if necessary).

SIGNATURES:

The applicant and property owner hereby declare under penalty of perjury that all the information submitted for this application is true and correct.

Applicant's Signature Date

Property Owner's Signature Date

FOR OFFICE USE ONLY

ACTION – THIS APPLICATION FOR AN EXTENSION IS:

Approved _____

Conditionally Approved _____

Denied for the following reason(s): _____

By: _____ Date: _____ New Expiration Date: _____

There is a ten (10) calendar day appeal period for this application. Appeals must be submitted in writing to the Community Development Division with the required appeal fee by _____ p.m. on _____.

Date _____ Receipt No _____ Amount \$ _____ By _____