



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 _____
(Applicant First & Last Name)

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 _____