



REQUEST FOR TIME EXTENSION

APPLICATION INFORMATION

Project Address:
Case Type (MCUP, TTM, etc.) and Number:
Hearing Date:
Approval Effective Date:
Approval Expiration Date:

APPLICANT/OWNER INFORMATION

APPLICANT FOR THIS APPLICATION:
Address:
City State Zip:
Telephone: []
Fax: []
Email:
ORIGINAL APPLICANT (IF DIFFERENT):
Address:
City State Zip:
Telephone: []
Fax: []
Email:
PROPERTY OWNER:
Address:
City State Zip:
Telephone: []
Fax: []
Email:

REASON FOR EXTENSION REQUEST (attach additional sheets if necessary)

[Blank lines for extension reason]

- If this is the second extension request for a subdivision application (TTM, CE, etc.) a public hearing is required.

* OFFICE USE ONLY
PLN # CASE # PRJ #
DESCRIPTION DATE APPLICATION ACCEPTED:
DATE APPLICATION / SUBMITTALS RECEIVED: APPLICATION FEES: \$ RECEIVED BY:
HISTORIC ARCHITECTURAL RESEARCH REQUIRED? YES NO PUBLIC ARTS FEE REQUIRED? YES NO