



# 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:** \_\_\_\_\_ Telephone: [ ] \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: [ ] \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**ORIGINAL APPLICANT (IF DIFFERENT):** \_\_\_\_\_ Telephone: [ ] \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: [ ] \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_ Telephone: [ ] \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: [ ] \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## REASON FOR EXTENSION REQUEST (attach additional sheets if necessary)

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- 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	