



TIME EXTENSION

STAFF USE ONLY

Date Submitted: _____ Received by: _____ Fee paid: _____ Project # _____

REQUIRED SUBMITTALS

Application Fee: \$350.00

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

A COMPLETE APPLICATION, as determined by the Planning Department, is required at time of submittal. Application forms can be obtained at <https://www.cdaid.org/1105/departments/planning/application-forms>

- 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:	FAX:	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)