

TIME EXTENSION REQUEST FORM

Development Permit/ Subdivision Applications Planning and Development Services

EXTENSION FOR:	EXTENSION FOR: Development Permit					□ Subdivision			
APPLICATION #	ROLL #		EXPIRY DATE		EXTENSION REQUESTED TO				
			Date		Date				
APPLICANT/OWNER									
Applicant Name:									
Mailing Address:						Postal Code:			
Telephone:				Email:					
Landowner Name:									
Mailing Address:			Postal Code:						
Telephone:		Email:							
LEGAL LAND DESCRIPTION - Subject site									
All/part of: 1/4	Section:		Townshi	р:	Range:	West of:	Meridian		
All parts of:		Block:		Plan:	Plan:				
Municipal Address:									
EXTENTION RATIONALE									
Describe your progress made towards meeting the outstanding conditions of approval and your reasons for the time extension request (Provide a cover letter for more details if required):									
Applicant/Owner Signature					Date				
Please forward completed and signed form to:									
Via Email: Development@rockyview.ca									
 Via Postal Service: Rocky View County Planning and Development Services, 262075 Rocky View Point, Rocky View County, Alberta, T4A 0X2 									
FOR OFFICE USE ONLY									
					. 1				
Initial date of Notice of	Decision/Su	bdivision /	Approva	l:	Date	- Extensio	on Request #:		
DEVELOPMENT/PLANNING COMMENTS:									
OTHER COMMENTS:									
EXTENSION DECISION	I: 🗆 I	NOT GRAN	NTED						
		GRANTED	то:		DU	RATION:			
				Date	-				
DECISION BY:	ECISION BY:				DATE OF DECISION:				