

EXTENSION FOR:

☐ Development Permit

☐ Subdivision

| APPLICATION # | ROLL # | EXPIRY DATE | EXTENSION REQUESTED TO |
|---------------|--------|-----------------------------|-----------------------------|
| | | <div></div> <div>Date</div> | <div></div> <div>Date</div> |

| 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: | ¼ | Section: | Township: | Range: | West of: Meridian |
| All parts of: | | Block: | 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): | | | | | |
| <div></div> | | | | | |
| 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 | | |
|---|-----------------------------|----------------------|
| Initial date of Notice of Decision/Subdivision Approval: | <div></div> <div>Date</div> | Extension Request #: |
| DEVELOPMENT/PLANNING COMMENTS: | | |
| <div></div> | | |
| OTHER COMMENTS: | | |
| <div></div> | | |
| EXTENSION DECISION: | | |
| <div><input type="checkbox"/> NOT GRANTED</div> <div><input type="checkbox"/> GRANTED TO: <div></div> DURATION: <div></div></div> <div>Date</div> | | |
| DECISION BY: | | DATE OF DECISION: |