

TIME EXTENSION REQUEST FORM

Conditionally Approved Development Permit and Subdivision Applications

EXTENSION FOR: Development Permit Subdivision									
APPLICATION #	ROLL#		EXPIRY DATE			EXTENSION REQUESTED TO			
			MM	DD	YY	MM	DD	YY	
APPLICANT/OWNER									
Applicant Name:									
Mailing Address:			Postal Code:						
Telephone:			Email:						
Landowner Name:									
Mailing Address:						Postal Code:	stal Code:		
Telephone:			Email:						
LEGAL LAND DESCRIP	•	I							
'	Section:	Township	·	Ran	nge:	West of:	Meri	idian	
	All parts of Lot(s)/Unit(s): 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):									
Applicant/Owner Signature Date									
Please forward completed and signed form to: Planning and Development Services, Rocky View County									
262075 Rocky View Point, Rocky View, Alberta, T4A 0X2 Phone: 403-230-1401 Fax: 403-277-3066									
FOR OFFICE USE ONLY									
		100011	102 002 0	,					
Initial date of Notice of D	ecision/Subdivisio	n Approva	I: MM	/ D	/ D Y`	Extension	on Reques	st #:	
DEVELOPMENT/PLANN	ING COMMENTS:					·			
OTHER COMMENTS:									
EVTENSION DECISION:	□ NOT GR	ANTED							
EXTENSION DECISION:			/ DURATION:						
	□ GRANTE		/_ MM DI	/ O Y	[Y	JUKATION:			
DECISION BY:			DATE	OF DEC	CISION:				