

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:

Telephone: Email:

LEGAL LAND DESCRIPTION - Subject site

All/part of: 1/4 Section: Township: Range: West of: Meridian

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 Services

- Email: development@rockyview.ca
- In person: 262075 Rocky View Point, Rocky View, Alberta, T4A 0X2

FOR OFFICE USE ONLY

Initial date of Notice of Decision/Subdivision Approval:	____ / ____ / ____ MM DD YY	Extension Request #:
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DEVELOPMENT/PLANNING COMMENTS:

OTHER COMMENTS:

EXTENSION DECISION: NOT GRANTED GRANTED TO: ____ / ____ / ____
MM DD YY DURATION: _____**DECISION BY:****DATE OF DECISION:**