

EXTENSION FOR:

☐ Development Permit

☐ Subdivision

APPLICATION #	ROLL #	EXPIRY DATE	EXTENSION REQUESTED TO
		<div><div></div><div></div><div></div></div> <div>MMDDYY</div>	<div><div></div><div></div><div></div></div> <div>MMDDYY</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 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 <ul style="list-style-type: none">Email: development@rockyview.caIn person: 262075 Rocky View Point, Rocky View, Alberta, T4A 0X2					

FOR OFFICE USE ONLY		
Initial date of Notice of Decision/Subdivision Approval:	<div><div></div><div></div><div></div></div> <div>MMDDYY</div>	Extension Request #:
DEVELOPMENT/PLANNING COMMENTS:		
OTHER COMMENTS:		
EXTENSION DECISION:		
<div><input type="checkbox"/> NOT GRANTED</div> <div><input type="checkbox"/> GRANTED TO: <div><div></div><div></div><div></div></div><div>MMDDYY</div> DURATION: _____</div>		
DECISION BY:		DATE OF DECISION: