BAKER CITY-COUNTY PLANNING DEPARTMENT

1995 Third Street | Suite 131 | Baker City, OR | 97814
Phone: (541) 523-8219 | Fax: (541) 523-8340

APPLICATION FOR AN
EXTENSION OF TIME

App. No. EXT-_____-_____ **City Planning: 101-131-3-40-4104**
Received by: _____ **Date Received: _____**
Fee Collected: $_____ **Date Paid: _____**

MAKE CHECKS PAYABLE TO: **BAKER COUNTY PLANNING**

APPLICANT	PROPERTY OWNER
Last Name First MI	**Last Name First MI**
Mailing Address	**Mailing Address**
Physical Address	**Physical Address**
City State Zip	**City State Zip**
Telephone	**Telephone**
Email	**Email**

Original Approval: _____ Date of Original Approval: _____

Prior Extensions: _____

PROPERTY INFORMATION

Property Address: _____ Zone: _____

Township _____ Range _____ Section _____ Tax Lot _____ Ref. _____

Township _____ Range _____ Section _____ Tax Lot _____ Ref. _____

APPLICANT'S SIGNATURE AND CONSENT AGREEMENT

Please read carefully and initial each line.

_____ I understand that this approval will not modify the maintenance of, or snow removal on, any access road(s) to this parcel.

_____ I hereby certify that all work to be performed shall be in accordance with all governing laws and rules.

_____ I understand that the approval herein, if granted, represents only land use approval of my building permit and that a copy of this land use approval must be attached to the building permit form issued by the Building Department.

_____ I understand and agree that my land use approval may be revoked if I do not comply with the approved Site Plan and Conditions of Approval that may be contained herein.

_____ Planning approval is valid for a period of 1 / 2 / 4 year(s) from the date of approval. I understand that any work must be completed within this time period. I understand that I may apply for an Extension of Time if I am unable to complete the Conditions of Approval within the allotted time frame. I understand that an Extension of Time application must be submitted prior to the expiration of the final approval.

_____ I am the property owner and I am doing my own work.

_____ I am an authorized agent of the property owner.

Applicant Signature: _____ **Date**: _____

Property Owner(s) Signature(s): _____ **Date**: _____

_____ **Date**: _____

*** **NOTE**: All property owners must sign. Signers representing an owner must provide legal documentation of authorization at the time of submittal.*

Please describe in detail the development established to date on the subject parcel and what actions have been taken to complete the Conditions of Approval as listed in the staff report for the request:

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Please provide a detailed statement explaining why an Extension of Time is necessary: