



# BAKER CITY PLANNING DEPARTMENT

P.O. Box 650, Baker City, OR 97814-0650

541-524-2054

www.bakercity.com

## APPLICATION FOR AN EXTENSION OF TIME

App. No. _____
City Planning: 101-100-4100701
Received by: _____
Date Received: _____

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.



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

Applicant must provide a typed statement for the explanation and attach it to the application.