

Application Number _____

Name of Registered Owner(s): _____

File Number _____

Mailing Address: _____

Name of Applicant: _____

Telephone Number: Home: _____ Work: _____

Mailing Address: _____

Telephone: Home: _____ Work: _____

LEGAL DESCRIPTION:

Lot ___ Block ___ Plan _____ in the ___¹/₄ Section ___ Township ___ Range ___ West of the ___th Meridian

Municipal Address: _____

Expiry Date of Subdivision Approval: ___/___/___
MM DD YY

Extended Time Requested: ___/___/___
MM DD YY

Please describe your progress made towards meeting the outstanding conditions of approval and your reasons for the time extension request *(Please use the reverse of this form if necessary)*

Signature of Applicant / Owner

Date

Please forward this form to:

PLANNING AND DEVELOPMENT SERVICES
ROCKY VIEW COUNTY
911 - 32nd AVENUE N.E.
CALGARY, ALBERTA, T2E 6X6
PHONE: 403-230-1401 FAX: 403-277-3066

OFFICE USE ONLY

Initial Date of Subdivision Approval: ___/___/___
MM DD YY

Extension Request Number: _____

PLANNER'S COMMENTS:

CO-ORDINATOR'S COMMENTS:

DECISION: GRANTED - Date or Amount of time granted: _____
 NOT GRANTED

DATE OF DECISION: ___/___/___
MM DD YY

DECISION BY: _____