

CITY OF DONNELLY

P.O. Box 725 Donnelly, Idaho 83615 P: 208-325-8859 F: 208-325-4091

EXTENSION OF TIME APPLICATION

| FILE NO.: | |
|---------------------------|------------------|
| CROSS REF. FILES: | |
| | |
| Applicant Name: | |
| Applicant Address: | |
| Applicant Telephone: | Fax: |
| Representative Name: | |
| Representative Address: | |
| Representative Telephone: | Fax: |
| Subdivision: | Approved Zoning: |
| General Location: | |

All applicants are required to submit the following:

| Applicant $()$ | Description | Staff $()$ |
|----------------|----------------------------------------------------------------------------------------------------------------------|------------|
| (0) | | (9 |
| | Completed and signed Extension of Time Application. | |
| | Fee | |
| | Narrative fully describing the proposed request, including but not limited to the following: | |
| | • Date of original approval; | |
| | • Date the approval will expire; | |
| | Reason for requesting extension of time; | |
| | • Time period requested for an extension (<i>not to exceed one year</i>). | |
| | 11" X 17" vicinity map showing the location of the subject property | |
| | Copy of Vesting Deed | |
| | If the signature on this application is not the owner of the property, an <u>original</u> notarized statement | |
| | (affidavit of legal interest) from the owner stating the applicant is authorized to submit this | |
| | application. | |

Date: _____

Applicant/Representative Signature

(For office use only)

| Date Application Received: | _Accepted as Complete: |
|--------------------------------------------------|------------------------|
| Fee Due: \$110.00 (extension of CUP request \$8. | 3.00) Fee Paid: |
| Processing Clerk Initials:Extension Appr | oved To: |

AFFIDAVIT OF LEGAL INTEREST

STATE OF IDAHO)) ss COUNTY OF VALLEY)

| (name) | | (address) |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | being first duly sworn upon |
| | (city), | oath, depose and say: |
| | (city) | (state) |
| 1. | That I am the record ow grant my permission to | vner of the property described on the attached, and I |
| | (name) | (address) |
| | to submit the accompany | nying application pertaining to that property. |
| Address or | · location of property: | |
| | | efend and hold the City of Donnelly and it's employees |
| herein | or as to the ownership o I understand there may application by architect to approve or disapprov | bility resulting from any dispute as to the statements contain f the property which is the subject of the application. be direct costs incurred by the City in obtaining a review of ts, engineers, or other professionals necessary to enable the we the application. I understand that I will be billed on a remit payment within 30 days. |
| herein 3. | or as to the ownership o I understand there may application by architect to approve or disapprov monthly basis and will | of the property which is the subject of the application. be direct costs incurred by the City in obtaining a review of ts, engineers, or other professionals necessary to enable the we the application. I understand that I will be billed on a |
| herein 3. Type of ap | or as to the ownership o I understand there may application by architect to approve or disapprov monthly basis and will plication: | of the property which is the subject of the application. be direct costs incurred by the City in obtaining a review of ts, engineers, or other professionals necessary to enable the we the application. I understand that I will be billed on a remit payment within 30 days. |
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Notary Public for Idaho Residing at: _____

My Commission Expires: _____