



**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 (√)
	Completed and signed Extension of Time Application.	
	Fee	
	Narrative fully describing the proposed request, including but not limited to the following: <ul style="list-style-type: none"> <li>• Date of original approval;</li> <li>• Date the approval will expire;</li> <li>• Reason for requesting extension of time;</li> <li>• Time period requested for an extension (<i>not to exceed one year</i>).</li> </ul>	
	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 <b>original</b> 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 \$83.00) Fee Paid: \_\_\_\_\_  
 Processing Clerk Initials: \_\_\_\_\_ Extension Approved To: \_\_\_\_\_

