



CITY OF REDLANDS

APPLICATION FOR TIME EXTENSION

Development Services Department, Planning Division
35 Cajon Street, Suite 20
Redlands, California 92373
Phone: (909) 798 – 7555 option 2

Commission Review & Approval

Tentative Tract Map

Conditional Use Permit

Minor Subdivision

All applications for Extension of Time must be filed prior to the expiration date of the permit or entitlement.

APPLICANT INFORMATION

Applicant's Name: _____

Mailing Address: _____

Telephone: _____ E-mail: _____

Contact Person (if different than Applicant): _____

PROPERTY OWNER INFORMATION

Owner's Name(s): _____

Mailing Address: _____

Telephone: _____ E-mail: _____

PROJECT INFORMATION

Planning Permit/Entitlement No(s): _____

Expiration Date: _____

Project name (if any): _____

Location of Property: _____

APN(s): _____

Project Description: _____

Reason for requesting Extension of Time: _____

APPLICATION CERTIFICATION

I certify under that all the application information is true and correct:

Applicant's Signature: _____ Date: _____

PROPERTY OWNER'S AUTHORIZATION

I, _____ am the owner of the property described
Owner's Name

In this application and hereby authorize _____
Applicant / Representative Name

to act on my behalf on matters pertaining to this application.

Property Owner's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

Note: If more than one property owner, a separate page must be attached listing the names and addresses of all persons (if a corporation, list officers and principals) having interest in the property ownership.