

City of Springfield
 Development & Public Works
 225 Fifth Street
 Springfield, OR 97477



Time Extension Request Certain Improvements & Final Submittals

Required Project Information		<i>(Applicant: complete this section)</i>	
Applicant Name:		Phone:	
Company:		Fax:	
Address:			
Applicant's Rep.:		Phone:	
Company:		Fax:	
Address:			
Property Owner:		Phone:	
Company:		Fax:	
Address:			
ASSESSOR'S MAP NO:		TAX LOT NO(S):	
Property Address:			
Tentative Case #:			
Reason for Time Extension: <small>If you are filling in this form by hand, please attach your proposal description to this application.</small>			
Signatures: Please sign and print your name and date in the appropriate box on the next page.			
Required Project Information		<i>(City Intake Staff: complete this section)</i>	
Date:		Reviewed by:	
Application Fee: \$	Technical Fee: \$0	Postage Fee: \$0	
TOTAL FEES: \$		PROJECT NUMBER:	

Signatures

Applicant:	The undersigned acknowledges that the information in this application is correct and accurate.
_____	Date: _____
Signature	

Print	

Owner:	If the applicant is not the owner, the owner hereby grants permission for the applicant to act in his/her behalf.
_____	Date: _____
Signature	

Print	