



## REQUEST FOR SUBDIVISION TIME EXTENSION

### Subdivision Authority File Number

Name of Applicant (if different from Registered owner)
Mailing Address
Telephone Number

Name of Registered Owner(s)
Mailing Address
Telephone Number

Legal Description	Lot	Block	Plan	Section	Township	Range	Meridian
<b>OR</b>							

Expiry Date of Subdivision Approval: >  mm  dd  yy      Extended Time Requested: >  mm  dd  yy

Reasons for Extension Request (attached additional information if required) \_\_\_\_\_

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Signature of Applicant/Owner

\_\_\_\_\_  
Date