

** For Department Use Only				
Date:				
APPLICATION TYPE & NUMBER:				
Rec'd By: Fee:				

1995 Third Street Baker City, Oregon

Phone: 541-523-8219, Fax: 541-523-5925

Original Land Use Approval:

Date of Original Land Use Approval:

APPLICATION for EXTENSION OF TIME

<u>APPLICANT</u>			PROPERTY OWNER			
>			>			
Last Name	First	MI	Last Name	First	MI	
>			>			
Mailing Addre	ess		Mailing Addres	s		
Di 1 A 1 1 .			Di 1 A 1 1			
Physical Addre	ess		Physical Addres	6S		
>			>			
City	State	Zip	City	State	Zip	
>			>			
Telephone			Telephone			
rerepriorie			receptions			
Property Information						
Township	Range	Section	Tax Lot	Ref.#		
Township	Range	Section	Tax Lot	Ref.#		
Prior Extensio	ons:					
APPLICANT'S SIGNATURE AND CONSENT AGREEMENT Please read carefully and initial each line.						
	I understand that this approval will not modify the maintenance of, or snow removal on, any County access road(s) to this parcel.					
	I hereby certify that all work to be performed shall be in accordance with all governing laws and rules.					
	I understand that the approval herein, if granted, represents only land use approval of my building permit and that a copy of this land use approval must be attached to the building permit form issued by the Building Department.					

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Conditions of Approval that may be contained herein.

I understand and agree that my land use approval may be revoked if I do not comply with the approved Site Plan and

be completed within this tim the Conditions of Approval	anning approval is valid for a period of 1 / 2 / 4 year(s) from the date of approval. I understand that any work must completed within this time period. I understand that I may apply for an Extension of Time if I am unable to complete e Conditions of Approval within the allotted time frame. I understand that an Extension of Time application must be bmitted prior to the expiration of the final approval.					
I am the property owner and	ł I am doing my own work.					
I am an authorized agent of	the property owner.					
Applicant Signature:	Date:					
Property Owner(s) Signature:	Date:					
Property Owner(s) Signature:	Date:					
	st sign. Signers representing an owner must provide legal documentation of authorization at the time of submittal. Someont established to date on the subject parcel and what actions have					
	ons of Approval as listed in the staff report for the request:					
	_					
Please provide a detailed statement	ase provide a detailed statement explaining why an Extension of Time is necessary:					

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PLANNING DEPARTMENT REVIEW FOR OFFICE USE ONLY

Property Information

Zone:	Total Acres:	
Rural Fire District:	Flood Zone Map: Wetlands Map:	
Overlay Zone:		
Soils:	Septic Approval: { } Site Eval. { } Auth. Notice { } LUC Date:	
Signed TSP Standards/Driveway Affidavit: { } Yes { } No Date:	Fire Siting Standards Information Provided: { } Yes { } No { } Not Required	
{ }Permitted Use { }Conditional Use { }Lot o	f Record { }Plan Amendment { }Variance	
{ } Approved { } Denied PERMIT#:	DATE:	
PLANNING OFFICIAL SIGNATURE:	TITLE: DATE:	

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Revenue Line #		Amount
Planning Fee	101131-3404105	\$
Addressing Fee	101131-3404106	\$
Road Inspection Fee	230100-3404105	\$
	Total	\$
Fee to be paid to Baker County Treasurer	\$	
Date	Amount Received:	\$
Received by:		

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