



File No. 247-_____

COMMUNITY DEVELOPMENT

APPLICATION FOR EXTENSION OF A LAND USE PERMIT

FEE: _____

Applicant's Name (print): _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

Property Owner's Name (if different)*: _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

Nature of Application: _____

Property Description: Township____ Range____ Section____ Tax Lot_____

Deschutes County Application Number: _____

Date of Approval: _____ Permit Expiration Date: _____

Property Zone: _____

On the reverse side, or on a separate sheet of paper, please respond to the following:

1. Describe any action that has been taken to fulfill any or all conditions of approval.
2. Describe the reason(s) for not beginning or continuing development or meeting conditions of approval within the approval period.

Applicant's Signature: _____ Date: _____

Property Owner's Signature (if different)*: _____ Date: _____

Agent's Name (if applicable): _____ Phone: (____) _____

Mailing Address: _____ City/State/Zip: _____

***If this application is not signed by the property owner, a letter authorizing signature by the applicant must be attached.**

(over)

