



File No. 247-\_\_\_\_\_

# Community Development Department

Planning Division Building Safety Division Environmental Soils Division

P.O. Box 6005 117 NW Lafayette Avenue Bend, Oregon 97708-6005  
Phone: (541) 388-6575 Fax: (541) 385-1764  
<http://www.deschutes.org/cd>

## 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)

