



CITY OF STAR
 P.O. Box 130
 Star, Idaho 83669
 P: 208-286-7247 F: 208-286-7569

EXTENSION OF TIME APPLICATION

FILE NO.: _____
 CROSS REF. FILES: _____

Applicant Name: _____

Applicant Address: _____

Applicant Telephone: _____ Fax: _____

Representative Name: _____

Representative Address: _____

Representative Telephone: _____ Fax: _____

Subdivision: _____ Approved Zoning: _____

General Location: _____

All applicants are required to submit the following:

Applicant (√)	Description	Staff (√)
	Completed and signed Extension of Time Application.	
	Fee	
	Narrative fully describing the proposed request, including but not limited to the following: <ul style="list-style-type: none"> • Date of original approval; • Date the approval will expire; • Reason for requesting extension of time; • Time period requested for an extension (<i>not to exceed one year</i>). 	
	11" X 17" vicinity map showing the location of the subject property	
	Copy of Vesting Deed	
	If the signature on this application is not the owner of the property, an original notarized statement (affidavit of legal interest) from the owner stating the applicant is authorized to submit this application.	

_____ Date: _____
Applicant/Representative Signature

(For office use only)

Date Application Received: _____ *Accepted as Complete:* _____
Fee Due: \$100 Fee Paid: _____ *Processing Clerk Initials:* _____
Extension Approved To: _____

