

CITY OF HANFORD

Application for: TIME EXTENSION NO. _____

City of Hanford
Community Development Department
317 North Douty Street
Hanford, CA 93230
Tel. (559) 585-2580; FAX (559) 583-1633

Application Fee: _____
File No. _____
Receipt No. _____

The purpose of this review is to determine if the proposal conforms to the provisions of the Zoning Ordinance. Only the owner or owner's agent may submit an application. When filing is done by mail, the signature must be notarized. The following information is necessary. Incomplete applications will not be accepted or acted upon. Please follow these directions and PRINT OR TYPE all information. If the information requested is not applicable, write NA in the space provided. Feel free to use attachments to better illustrate or explain the project.

PART A: GENERAL INFORMATION

OWNER

APPLICANT

ENGINEER/DESIGNER

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____ STATE _____ ZIP _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

TIME EXTENSION REQUESTED FOR (APPLICATION NO.): _____ TIME

EXTENSION REQUESTED FOR: _____ MONTHS/YEARS

PURPOSE OR REASONS FOR THE REQUESTED TIME EXTENSION:

ORIGINAL APPROVAL DATE OF APPLICATION: _____

EXPIRATION DATE OF ORIGINAL APPLICATION: _____

ATTACHED HERETO AS REQUIRED PART OF THIS APPLICATION:

(The Planning Division may waive any of the required materials below, depending on the availability of application materials from the approved application.)

- A. Three (3) copies of the previously approved plans or subdivision in compliance with the application requirements of the entitlement.
- B. Filing fee

PART B: CERTIFICATION

PROPERTY OWNER(S)

I am (We are) the owner(s) of the proposal described hereinabove and shown on the accompanying map and hereby consent to the Time Extension request.

Signature of Site Owner of Record

Name (Print)

APPLICANT

I declare under penalty of perjury that the foregoing is true and correct. Executed on

_____, at
_____, California.

Signature of Applicant

Name (Print)