



City of Tigard

COMMUNITY DEVELOPMENT DEPARTMENT

Extension of Land Use Approval Application

PROJECT INFORMATION

Project name: _____

Land use case numbers: _____

Expiration date of approval: _____

REQUIRED SUBMITTAL ELEMENTS

- Narrative addressing criteria in TCDC 18.745.050
- Application fee

APPLICANT INFORMATION

Name: _____

Mailing address: _____ City/State: _____ Zip: _____

Phone number: _____ Email: _____

PROPERTY OWNER INFORMATION

Name: _____

Mailing address: _____ City/State: _____ Zip: _____

Phone number: _____ Email: _____

Please indicate specific reason for extension:

I certify that I am the property owner or I am eligible to initiate this application, as provided in the Tigard Community Development Code. To the best of my knowledge, all the information provided within this application package is complete and accurate.

Applicant's signature*	Print name	Date
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Property owner's signature*	Print name	Date
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*The owner must sign this application or submit a separate written authorization when the owner and applicant are different people.

STAFF USE ONLY

Case No.: _____	Application fee: _____	Received by: _____ Date: _____
Approved by: _____	Date: _____	New expiration date: _____