

390 Towne Centre Dr. – Lathrop, CA 95330 Phone (209) 941-7290 – Fax (209) 941-7219 www.ci.lathrop.ca.us

TIME EXTENSION APPLICATION FORM

Application Number:	Receipt Number:	Received By:
Application Date:	Project Name:	Project Planner:

THIS FORM TO BE COMPLETED BY THE APPLICANT PRIOR TO FILING & PRIOR TO EXPIRATION OF YOUR EXISTING PERMITS				
Owner/Applicant Information				
Owner's Name				
Address				
City/State			Phone	Fax
Applicant's Name				
Address				
City/State			Phone	Fax
Business Name (DBA)				
		Property Inf	formation	
Assessor's Parcel Number	s (APNs)			
Subje	ect Site(s)			
Existing Permit Information				
Existing Permit	Numbers			
Date of Original	Approval			
Expiration Date				
Basis for Request				
Please state your reason for a time extension and the length of time requested (up to one year may be approved):				

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Trease state your reason for a time extension and the length of time requested (up to one year may be approved).	

Certifications and Signatures				
1. Is the project site included on the "Hazardous Waste and Substance Sites List" or other similar list?				
2. Is the proposal an application for a development permit as defined by State law?				
(If you're not sure how to answer these question				
I, the undersigned, do hereby certify that I h				
sheet(s) and that the facts and information contained in this application are true and correct,				
to the best of my knowledge.				
Signature of Applicant/Agent	Signature of Owner(s)*			
Please print signed name here	Please print signed name here			
r lease print signed harne here	r lease print signed harne here			
Date	Date			

 All property owners must sign or provide a signed Agent Authorization Form included in the application packet. (If more space is needed for signatures, please attach additional sheets).

For Official Use Only				
General Plan Designation	Zoning District			
Application Fee	Initial Study			
Environmental Review Fee	Development Committee			
Notification Fee	Concurrent Applications			
Total Fees	Public Hearing Dates			
Referral Date	Comments Due Date			
State Clearinghouse Review				

Agent Authorization Form

	is the owner of
the subject property for which the following application(s) have been submitted:	
Application Name and Number(s):	
The subject properties are located at:	
APNs:	·
The Agent for this project is:	
Name:	
Address:	
Telephone:	
Fax Number:	
Signatures of Owners:	
Type or Print Name	
Type or Print Name	
Type or Print Name	
Type or Print Name	

nown on the latest equalized rolls of San Joa

Note: Owner of record should be as shown on the latest equalized rolls of San Joaquin County – an option to purchase does not constitute ownership. If ownership has recently been transferred, a copy of recorded deed or similar instrument must accompany this form.