City of Lathrop
Community Development Department

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 Information	
Assessor's Parcel Numbers (APNs)	
Subject 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):

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 questions, please ask a staff member for assistance)	
I, the undersigned, do hereby certify that I have read and understand the attached cover 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
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

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.