

Permit Extension

Columbia County Land Development Services
PERMIT EXTENSION APPLICATION

Note: an extension request **must** be filed before the original permit time limit expires.

TYPE OF PERMIT: ___ Conditional Use Permit ___ Resource Management Plan ___ Variance
___ Temporary Permit ___ Non-conforming Use ___ Partition/Subdivision

Other: _____

APPLICANT: Name: _____

Mailing address: _____ City+zip _____

PROPERTY OWNER, if different from above: _____

Mailing Address: _____ City+Zip _____

PROPERTY ADDRESS:(or street name) _____

City+Zip _____

TAX ACCOUNT NO.: _____ Acres: _____ Zoning: _____

FILE NO.: _____

PERMIT APPROVAL DATE: _____ **EXPIRATION DATE:** _____

REASONS FOR EXTENSION: _____

PREVIOUS EXTENSIONS: _____

CERTIFICATION:

I hereby certify that all of the above statements, and all other documents submitted, are accurate and true to the best of my knowledge and belief.

Date: _____ Signature: _____

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Planning Department Use Only

Original Fee: _____ Extension Fee (25% of original fee) _____

Date Rec'd: _____ Check No.: _____ Receipt No.: _____ Staff _____

DECISION: _____

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