



EXTENSION OF TIME APPLICATION

***All information must be filled out to be processed.

FILE NO.: _____
 Date Application Received: _____ Fee Paid: _____
 Processed by: _____

Applicant Information:

PRIMARY CONTACT IS: Applicant _____ *Representative* _____

Applicant Name: _____
 Address: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

Representative Name: _____
 Contact Name: _____ Phone: _____
 Address: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

Property Information:

Subdivision: _____ Zoning: _____
 General Location: _____

All applicants are required to submit the following:

Applicant (√)	Description	Staff (√)
	Completed and signed Extension of Time Application.	
	Fee Paid	
	Narrative fully describing the proposed request, including but not limited to the following: <ul style="list-style-type: none"> • Date of original approval; • Date the approval will expire; • Reason for requesting extension of time; • Time period requested for an extension. (narrative must be signed by applicant)	
	11" X 17" vicinity map showing the location of the subject property	
	Copy of Vesting Deed	
	If the signature on this application is not the owner of the property, an original notarized statement (affidavit of legal interest) from the owner stating the applicant is authorized to submit this application.	

_____ Date _____
 Applicant / Representative Signature

AFFIDAVIT OF LEGAL INTEREST

STATE OF _____)
) ss
COUNTY OF _____)

I _____, _____
 (name) (address)
_____, _____ _____
 (city) (state) (zip)

being first duly sworn upon oath, depose and say: That I am the record owner of the property described on the attached, and I grant my permission to _____,
 (name)
_____, _____ _____
 (address) (state) (zip)

to submit the accompanying application pertaining to that property.

Address or location of property: _____

I agree to indemnify, defend and hold the City of Star and its employees harmless from any claim or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of the application.

I understand there may be direct costs incurred by the City in obtaining a review of the application by architects, engineers, or other professionals necessary to enable the City to approve or disapprove the application. I understand that I will be billed on a monthly basis and will remit payment within 30 days.

I hereby grant permission to the City of Star staff to enter the subject property for the purpose of site inspections related to processing said application(s).

Type of application: _____

Dated this _____ day of _____, 20_____.

(Signature)

SUBSCRIBED AND SWORN to before me the day and year first above written.

Notary Public for Idaho
Residing at: _____
My Commission Expires: _____