



Klamath County Planning Department
Klamath County Government Center - 305 Main Street, Klamath Falls, Oregon 97601
Phone 1-541-883-5121 option 4 ~ Fax 1-541-885-3644

Time Extension Application

Applicant

Filing Fee: _____

Name: _____ Phone#1 _____

Address: _____ Phone #2 _____

City: _____ State: _____ Zip: _____

E-mail: _____

Property Owner (if different than above)

Name: _____ Phone#1 _____

Address: _____ Phone #2 _____

City: _____ State: _____ Zip: _____

E-mail: _____

Property Description

Assessor's Map & Tax Lot Number:

Township _____ Range _____ Section _____ Tax

Lot(s) _____

Street Address: _____

Acreage _____ Zoning _____

Current use(s) of the property _____

List all adjoining properties under the same ownership:

Signatures

I hereby certify that I am the legal owner(s), or authorized agent for the owner(s), of the above noted property; that the information contained herein is accurate to the best of my knowledge; and that the requested land use permit will not violate any deed restrictions attached to the property.

 Owner/Authorized Agent

 Date

 Owner/Authorized Agent

 Date

**If an Agent is acting on behalf of the Legal Property Owner, a notarized
 AGENT FOR OWNER AUTHORIZATION FORM must be submitted with this application.**

Extension Request For: (Check appropriate box and list required information)

- Tentative Partition Map Number: _____
Date of Tentative Approval: _____
- Preliminary Subdivision Plat Number: _____
Date of Original Approval: _____
- Conditional Use Permit Number: _____
Date of Original Approval: _____
- Other (identify file name/number): _____

1. List the reason(s) why this extension being requested.

6. Have the facts or conditions of the approval changed? If yes, explain.

7. Will any other development approvals be affected? If yes, explain.
