

# TIME EXTENSION REQUEST FORM

## SECTION I - GENERAL INFORMATION

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Plan Title \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
\_\_\_\_\_  
Signature<sup>1</sup> \_\_\_\_\_

<sup>1</sup>- By signing this form the Applicant understands that the Time Extension Requested is in addition to the 90-day time limit prescribed by the Pennsylvania Municipalities Planning Code for plan approval.

## SECTION II - TIME EXTENSION REQUEST

I/We, \_\_\_\_\_, request that the Union County Planning Commission favorably consider the granting of a Time Extension to the ( ) Preliminary or ( ) Final Plan for the plan referenced in Section I above.

Length of Time Extension Requested \_\_\_\_\_ Days Date Requested Extension due to expire \_\_\_\_\_

Applicant's Justification for Time Extension \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this the minimum Time Extension necessary?  Yes  No

## SECTION III - STAFF AND/OR SUBDIVISION REVIEW COMMITTEE RECOMMENDATION

Reviewed by:  Staff  Review Committee

Date of Review \_\_\_\_\_ Staff Reviewer \_\_\_\_\_

Recommendation:  Approval  Denial

Reason(s) for Approval/Denial \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

