



**Town of Stavely**  
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**Time Extension for Development Permit**

Permit No. \_\_\_\_\_

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Property being affected: \_\_\_\_\_

Expiry Date of Development Permit: \_\_\_\_\_

Extended Time requested: \_\_\_\_\_

Reason for extension request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant / Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Development Authority's Signature

\_\_\_\_\_  
Date

Date extended to: \_\_\_\_\_