

Time Extension Application

OWYHEE COUNTY BUILDING DEPARTMENT

Post Office Box 128
Murphy, Idaho 83650
Phone: (208) 495-9851
Fax: (208) 495-2051

APPLICATION INFORMATION:

- Provide a **detailed letter** by the applicant. Describe the need for the time extension and the expected date of completion. Indicate what progress you have made and what has prevented you from completing the project.
- Reactivation Fee. \$ _____

GENERAL INFORMATION:

Permit number: _____

Time extension requested. (180 days maximum): _____

Date of original approval: _____

SITE INFORMATION:

Location: Quarter: _____ Section: _____ Township: _____ Range: _____ Total Acres: _____
Subdivision or Project Name: _____ Lot: _____ Block: _____

Site Address: _____

Tax Parcel Number(s): _____ Zoning: _____

OWNER:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

APPLICANT:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

I consent to this application and allow County staff to enter the property by appointment for site inspections related to this application.

Applicant hereby certifies that the information provided is true and correct to the best of their knowledge.

Signature: (Owner)

Date: Signature: (Applicant)

Date:

OFFICE USE ONLY		Building Permit?	Y	N	#:
File No.:	Received By:	Date:			
X-Ref.:					Fee: