

**CITY OF PRIEST RIVER**

*PLANNING & ZONING*

P.O. Box 415  
552 High Street Priest River, ID 83856  
(208) 448-2123  
Fax (208) 448-2232



**Time Extension Request Application**

Project Name: \_\_\_\_\_ File Number: \_\_\_\_\_

Applicant/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Project Representative: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Project Expiration Date: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Description: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Current Use: \_\_\_\_\_

Reason for Extension, In Detail: \_\_\_\_\_

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

Owner, Applicant or Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only: Extension Approved: \_\_\_\_\_ New Expiration Date: \_\_\_\_\_  
Extension Denied: \_\_\_\_\_