

TIME EXTENSION APPLICATION - CONDITIONS OF APPROVAL
Palm Beach County Unified Land Development Code Article 2, Chapter E

1. CONTROL NO.: _____ RESOLUTION NO.(s): _____
2. REQUEST IS FOR CONDITION NO.(s) _____ DUE ON: _____
Note: If the condition involves payment of money, interest will be charged during the extension period.
3. A TIME EXTENSION OF _____ MONTHS IS REQUESTED (maximum 12 months, unless this is for a "Traffic Performance Standards" condition. Maximum for TPS condition is based on traffic study).
4. PROPERTY CONTROL NUMBERS OF ALL PARCELS AFFECTED BY THE APPROVAL
(Attach additional sheets if necessary): _____
5. DESCRIBE ALL ATTEMPTS TO COMPLETE THE REQUIRED ACTIVITY AND ATTACH DOCUMENTATION SUBSTANTIATING COSTS AND EFFORTS:

6. EXPLAIN IN DETAIL THE REASONS FOR DELAY AND ATTACH DOCUMENTATION. Describe circumstances beyond the cause and control of the property owner that prevented completion of the required activity:

7. THE APPLICANT IS... (check one):
 Owner(s) of more than fifty percent (50%) of the property affected by the approval.
 Mortgagee in foreclosure or bankruptcy trustee. Must show interest and court authorization (attach documentation).
 Agent with specific authorization from owner(s) of more than 50% of the property affected by the approval, relying on (check one):
 Attached copy of original petition agency agreement from the Zoning Division files which specifically authorizes the agent to apply for such time extensions (agreements are valid for one year from the date signed);
 Attached letter of authorization from the property owner(s); or
 Authorization by the property owner(s), see below.
8. CORPORATE STATUS OF PROPERTY OWNER (check one):
 The property owner is a corporation, partnership or other business entity. **IMPORTANT:** Attach documentation that representative has authority to represent the business entity (see instruction sheet),
 Signatures on Behalf of a Corporation Authorizing the Filing of an Application). If authorization cannot be verified, the application may be denied.
 The owner is not a corporation or other business entity.
9. APPOINTMENT OF AGENT (if any)
I (owner) hereby authorize _____ to request an administrative time extension pursuant to Article 2, Chapter E of the Palm Beach County Unified Land Development Code and to make representations on my behalf. Consent to a firm shall be deemed consent for the entire firm, unless otherwise specified. Consent is valid for one year from date signed, unless less time is specified.

IMPORTANT: ALL SIGNATURES MUST BE IN BLUE OR RED INK.

10. OWNER

I affirm and certify that I understand and will comply with the provisions and regulations of the Palm Beach County Land Development Code. I affirm and certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of my knowledge and belief. Further, I understand that this application, attachments and fees become part of the official records of the Planning, Zoning and Building Department and are not returnable. Should any of the representations or information in this application be incorrect or incomplete, this application and/or any extensions granted pursuant to this application may be null and void.

(SIGNATURE OF PROPERTY OWNER/CORP. REP.) (CORP. TITLE, IF ANY) (STREET ADDRESS)

(PRINT NAME OF SIGNATORY) (CORP. NAME) (CITY, STATE, ZIP)

(DATE) (TELEPHONE NUMBER)

Where more than one authorization is required, copy this page for each owner to sign. Property ownership is verified through the Property Appraiser's Office. If documentation is not provided or is insufficient, the application may be denied.

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____(date) by _____ (name of person acknowledging), who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

(Signature of Person Taking Acknowledgment)

(Typed, Printed or Stamped Name of Person Taking Acknowledgement)

(Title or Rank)

(Serial Number, if any) (NOTARY'S SEAL)

11. AGENT

(SIGNATURE OF AGENT OR REP. OF FIRM) (STREET ADDRESS)

(PRINT NAME OF AGENT) (CITY, STATE, ZIP)

(PRINT NAME OF FIRM)

(TELEPHONE NUMBER) (DATE)

IMPORTANT - ATTACH FILING FEE

In accordance with the ADA, this document may be requested in an alternative format. Please contact David Wiloch at (561) 233-5593.