



**CITY OF POLSON**

Planning & Building Department  
106 1<sup>st</sup> Street E. | Polson, MT 59860  
T: 406-883-8214 | F: 406-883-8238  
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W: www.cityofpolson.com

Date Rec'd: \_\_\_\_\_  
Fee: \$300.00 \_\_\_\_\_

**TIME EXTENSION REQUEST APPLICATION**

All project time-extension requests are reviewed by City staff and subsequently reviewed and granted a decision by the City Commission.

**NAME OF APPLICANT:**

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**PROJECT INFORMATION:**

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

What was original approval for: \_\_\_\_\_

Original Date Granted: \_\_\_\_\_ Original Date Expires: \_\_\_\_\_

**REASON FOR TIME EXTENSION REQUEST:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LENGTH OF REQUESTED TIME EXTENSION:** \_\_\_\_\_

**PROJECT TO DATE, INDICATE THE FOLLOWING:**

- Zoning Conformance Review Completed:     Yes                       No                       N/A
- Building Permit Review Completed:             Yes                       No                       N/A
- All Applicable Fees Have Been Paid:             Yes                       No                       N/A
- Ground Breaking Has Begun:                     Yes                       No                       N/A

Should any information or representation submitted in connection with this application be untrue, I understand that any approval based thereon may be rescinded, and other appropriate action taken. The signing of this application signifies approval for the Polson Planning staff to be present on the property for routine monitoring and inspection during the approval and development process.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)