



Village of Waskatenau

REQUEST FOR DEVELOPMENT TIME EXTENSION

PERMIT NUMBER: _____

FORM J

Development Permit Number: _____

Legal Description: Lot _____ Block _____ Plan _____

OR

Section ____ Township _____ Range _____ Meridian _____

Name of Registered Owner(s):

Name of Applicant:

Mailing Address:

Mailing Address:

Daytime Telephone Number:

Daytime Telephone Number:

Expiry Date of Development Permit:

____ / ____ / ____
Month Day Year

Extended Time Requested:

____ / ____ / ____
Month Day Year

Reason for extension request (attach additional information if required):

Collection and use of personal information:

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act Section 32(c), the Municipal Government Act and Regulations thereto, and the Land Use Bylaw of the Village of Waskatenau for the purpose of processing development applications. For further information you may contact the Village of Waskatenau at: 5008 51st Street, PO Box 99, Waskatenau, Alberta, T0A 3P0 Ph/Fx: 780-358-2208

Signature of Applicant/Owner

Date

Forward this form, the supporting documentation and application fee to:

Village of Waskatenau 5008 51st Street, PO Box 99, Waskatenau, Alberta, T0A 3P0 Ph/Fx: 780-358-2208