



TOWN OF FORT MACLEOD
AGREEMENT FOR TIME EXTENSION

FOR OFFICE USE ONLY
Date Received:
Accepted By:
Date Deemed Complete:
Application No. (if applicable):
Roll No.:
Fee:

Date of Application: _____

I/We _____ being the registered owner or person authorized to act on behalf of the registered owner with respect to:

Application No.: _____

For: _____

Located on (legal description): _____

Do hereby agree to a time extension of: _____ days, until

On the understanding that if a decision has not been made by this time, I may deem the application refused and appeal to the Subdivision and Development Appeal Board in accordance with the provisions of the Municipal Government Act.

Date: _____

Signature of Registered Owner/Person Acting on behalf of:

Signature of Witness

Date: _____

Signature of Designated Officer – Town of Fort Macleod

Signature of Witness

SUBMIT FORM