



Community Development Department
PO Box 2460 16345 Sixth Street
La Pine, Oregon 97739
Phone: (541) 536-1432 Fax: (541) 536-1462
Email: info@lapineoregon.gov

Extension Request Application

Original File Number _____

File Number # _____

Applicant Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip Code _____

Email _____

Property Owner _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip Code _____

Email _____

DESCRIPTION

Property Location (address, intersection of cross street, general area) _____

Tax lot no: T-15 R-13 Section _____ Tax Lot(s) _____

Reason for Extension Request:



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I (We) the undersigned acknowledge that the information supplied in this application is complete and accurate to the best of my (our) knowledge.

Applicant: _____ Date: _____
Signature

Owner/Agent: _____ Date: _____
(Circle One) Signature

If you are the authorized agent, please attach the letter of authorization signed by the owner.

FOR OFFICE USE ONLY

Received By: _____

Fee Paid: _____

Receipt #: _____