

APPLICATION FOR A TWO (2) YEAR PRIMARY APPROVAL EXTENSION	For Staff Use	Fee	\$200.00	
		Receipt #		
		Date Rec'd		
		Rec'd. By		

1. SUBDIVISION NAME, CASE NUMBER, PRIMARY APPROVAL EXPIRATION DATE:

Subdivision Name:	
Phase (or Replat):	Case Number: S-
Primary Approval Expiration Date:	Remaining Unplatted Area (acres):

2. SUMMARY OF SUBDIVISION PROGRESS & REASONS FOR REQUEST:

3. CONTACT INFORMATION: SUBDIVIDER	4. CONTACT INFORMATION: REPRESENTATIVE
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Name:		Name:	
Attention:		Attention:	
Address:		Address:	
City:		City:	
State:	ZIP:	State:	ZIP:
Phone:		Phone:	
Email:		Email:	

5. REQUEST & SIGNATURE(S): (Check appropriate box)

I (We) do hereby apply for a two (2) year extension of the Primary Approval of the above-referenced subdivision per the Unified Subdivision Ordinance of Tippecanoe County, Indiana.

I (We) am (are) the owner (owners) of the remaining unplatted real estate included in said subdivision.

I (We) represent the owner (owners) of the remaining unplatted real estate included in said subdivision.

The undersigned, having been duly sworn on oath states the information in this application is true and correct as he is informed and believes.

Signature(s): _____

Name(s) Printed: _____

State of: _____)

County of: _____) SS:

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public Signature: _____

Name Printed: _____

Residing in _____ County.

My commission expires _____

(Seal)