

**TYRONE TOWNSHIP
APPLICATION FOR EXTENSION OF TIME FOR REVIEW**

DATE: _____

NAME OF APPLICANT/DEVELOPMENT: _____

(The original applicant must make application for extension of time and a copy of the original application must be attached hereto.)

NAME OF DEVELOPMENT: _____

REASON FOR EXTENSION OF TIME: _____

LENGTH OF TIME EXTENSION REQUESTED: _____

Applicant acknowledges that if the Township approves this Application for Extension of Time for Review, said approval will constitute a legally binding agreement between the parties as to the extension of time.

NOTE: This time extension application form must be properly completed and returned to the Tyrone Township Board of Supervisors via FAX (814-684-7495), and to the Township Engineer via FAX (814-696-0150) **NOT LATER THAN** 5:00 p.m., or the plot plan's status will be deemed incomplete, and will be formally rejected at the Board of Supervisor's regularly scheduled meeting. Direct any questions related to this matter to the Township Engineer at 814-696-7430.

Witness:

Applicant/Owner (Individual):

Attest:

Applicant/Owner (Corporate):

Witness:

Applicant/Owner (Partnership):

Approved by the Township:

Date of Approval:
