

APPLICATION FOR PARCEL MAP TIME EXTENSION

Is this a second/subsequent parcel map? Yes ____ No ____ TCID Number: _____

Parcel Map Approval Date: _____

If yes: Date of Tentative Parceling Map Approval: _____

Map Name: _____

Applicant's Name: _____

Mailing Address: _____

Property Address: _____

Assessor Parcel Number: _____

Requesting Extension under what section of Churchill County Code or NRS: 16.12.040.2(A3)

Reason for extension of time

The developer must demonstrate just cause for the extension to be approved.

Estimated date for map recordation: _____

Progress to date

Date Completed

Estimated percentage of project completion: _____

Signature _____

Date _____