

# APPLICATION FOR TIME EXTENSION ON SUBDIVISION MAPS

Subdivision Name: \_\_\_\_\_

Subdivision Location: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date Tentative Map Approved: \_\_\_\_\_

Date First Final Map Recorded: \_\_\_\_\_

TCID Number: \_\_\_\_\_

Type of map requesting map extension (Tentative, First Final Map, Second Final Map, etc.): \_\_\_\_\_

\_\_\_\_\_

—

Requesting Extension under what section of Churchill County Code or NRS:

\_\_\_\_\_

\_\_\_\_\_

—

**Attach a copy of the Notice of Final Action applicable to the map.**

**Reason for extension of time**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated date for map submittal: \_\_\_\_\_

**Progress since map approval**

**Date Completed**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated percentage of project completion: \_\_\_\_\_

Signature

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Date \_\_\_\_\_