



# TULARE COUNTY RESOURCE MANAGEMENT AGENCY PLANNING APPLICATION

## GENERAL INFORMATION / COVER SHEET

### EXTENSION OF TIME

General Information:

<b>Applicant:</b> _____	<b>Property Owner:</b> _____
Mailing Address _____	Mailing Address _____
City/Town _____ State _____ Zip _____	City/Town _____ State _____ Zip _____
Phone _____ Cell _____	Phone _____ Cell _____
E-Mail _____	E-Mail _____
Signature _____	Signature _____

**Other Persons to be Notified:** (Specify: Other Owner(s), Agent, Lender, Architect, Engineer, Surveyor)

Name/Title _____	Name/Title _____
Mailing Address _____	Mailing Address _____
City/Town _____ State _____ Zip _____	City/Town _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
E-Mail _____	E-Mail _____

**Project Information:**

Site Address(es): \_\_\_\_\_ City/Town \_\_\_\_\_

Assessor's Parcel No(s): \_\_\_\_\_

**THIS SPACE FOR PERMIT CENTER STAFF USE ONLY**

**Project Number:** \_\_\_\_\_ **Supervisor District:** \_\_\_\_\_ **Economic Development:** \_\_\_\_\_

**Current Zoning:** \_\_\_\_\_ **General Plan Land Use:** \_\_\_\_\_ **UAB/UDB/HDB/MSB:** Yes  No

**Project Description** \_\_\_\_\_

**Agricultural Preserve (if applicable) – Preserve No.** \_\_\_\_\_ **Contract No.** \_\_\_\_\_

**Filing Fee(s):** \_\_\_\_\_ **Total Amount Paid:** \_\_\_\_\_ **Payment Type:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_ **Existing Entitlements/References:** \_\_\_\_\_

**Application Received/Reviewed by:** \_\_\_\_\_

PERMIT CENTER HOURS: MONDAY – THURSDAY 9:00 A.M. TO 4:30 P.M. FRIDAY 9 A.M. -11 A.M.

**TULARE COUNTY RESOURCE MANAGEMENT AGENCY**  
**\*\*5961 S. Mooney Blvd. Visalia, CA 93277 \*\* PHONE: 559-624-7000 \*\***

**FYei JfYa Ybhpz: Yyg'UbX'bgfi Wicbg''** (Please use dark blue or black ink)

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Description	Fee Amount (SUBJECT TO CHANGE AT ANY TIME)
Extension of Time	A400A
Computer Maintenance Fee	A10A

**IMPORTANT NOTICE:** The applicant is responsible for the payment of all fees associated with this application. All fees charged for this application are required to be paid to the County upon submittal of application.

**SUMMARY OF REQUIREMENTS FOR AN EXTENSION OF TIME APPLICATION:**

1. O [ { | | ^c^aAa } | } }
2. U, } ^ | c A E a a a (must be signed by the Property Owner(s))
3. a a \* A^

**Project Reference Number:** \_\_\_\_\_

Complete explanation for time extension request: \_\_\_\_\_

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