



Application for
Time Extension

City of Rockville

Department of Community Planning and Development Services

111 Maryland Avenue, Rockville, Maryland 20850

Phone: 240-314-8200 • **Fax:** 240-314-8210 • **E-mail:** cpds@ockvillemd.gov • **Web site:** www.rockvillemd.gov

Please Print Clearly or Type

Property Address Information _____

Property Name _____

Project Description _____

SUBDIVISION _____ Lot (S) _____ Block _____

Zoning _____ Tax Account (S) _____ , _____ , _____

Applicant Information:

Please supply Name, Address, Phone Number and E-mail Address

Applicant _____

Property Owner _____

Architect _____

Engineer _____

Attorney _____

STAFF USE ONLY

Application Acceptance:

Application # _____

Pre-Application _____

Date Accepted _____

Staff Contact _____

OR

Application Intake:

Date Received _____

Reviewed by _____

Date of Checklist Review _____

Deemed Complete: Yes No

ORIGINAL APPLICATION NUMBER _____

ORIGINAL APPLICATION APPROVAL DATE _____ / _____ / _____

DATE OF ANY PREVIOUS TIME EXTENSIONS GRANTED (IF ANY) _____ / _____ / _____

A TIME EXTENSION IS NECESSARY FOR THE FOLLOWING REASON (S) _____

A letter of authorization from the owner must be submitted if this application is filed by anyone other than the owner.

I hereby certify that I have the authority to make this application, that the application is complete and correct and that I have read and understood all procedures for filing this application.

Please sign here: _____

Application Checklist:

Complete Application

Filing Fee

Comments on Submittal: (For Staff Use Only)
