



City of Kuna
 Planning & Zoning
 Department

Time Extension Application
For Preliminary Subdivision Plat
Fee: \$100

Reason for request:

Date of Time Extension:

For Office Use Only	
File Number (s)	
Project name	
Date Received	
Date Accepted/ Complete	
Cross Reference Files	
City Council Hearing Date	

Contact/Applicant Information

Owners of Record: _____	Phone Number: _____
Address: _____	E-Mail: _____
City, State, Zip: _____	Fax #: _____
Applicant (Developer): _____	Phone Number: _____
Address: _____	E-Mail: _____
City, State, Zip: _____	Fax #: _____
Engineer/Representative: _____	Phone Number: _____
Address: _____	E-Mail: _____
City, State, Zip: _____	Fax #: _____

Subject Property Information

Subdivision Name: _____
Site Address: _____
Site Location (Cross Streets): _____
Parcel Number (s): _____
Section, Township, Range: _____

Signature: _____

Date: _____