



# Town of Apple Valley Application for Extension of Time Request



FOR TOWN USE ONLY

Date Submitted: \_\_\_\_\_ Case No.: \_\_\_\_\_ Received By: \_\_\_\_\_

Planning Fee: \_\_\_\_\_ Other Fees: \_\_\_\_\_ Case Planner: \_\_\_\_\_

Listed below are the fees and materials that must be submitted with your application for an extension request. The project application will not be accepted for processing unless all requested information and materials have been submitted and determined to be complete and adequate. **Note:** Extension request must be filed at least thirty (30) days prior to expiration date. **Project submittals which do not include these items will not be accepted for processing. All plans must be collated, stapled and folded to 8 1/2" x 11" notebook size.** Upon submittal, filing fees will be collected as listed below. Make checks payable to the Town of Apple Valley. Please feel free to contact the Planning Division at (760) 240-7000 Ext.7200 if you have any questions.

### APPLICATION PROCESSING FEE

	<u>Initial Deposit</u>	<u>Actual Cost not to exceed</u>
Development Permit or Special Use Permit	\$1,222	Actual Cost
Entitlements Requiring Planning Commission Review	\$4,235	Actual Cost
Apple Valley Fire District review (check made payable to AVFPD)		\$ 275

**\*Should processing time exhaust the initial deposit amount, the applicant will be required to deposit additional funds.**

*Please type or print legibly in ink*  
**APPLICANT INFORMATION**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

### PROJECT INFORMATION

Project Number For Which Extension is Requested \_\_\_\_\_

Project Approval Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Project Approval Granted by: Staff \_\_\_\_\_ Planning Commission \_\_\_\_\_ Town Council \_\_\_\_\_

Description of Project \_\_\_\_\_

Project Location \_\_\_\_\_

**MATERIALS REQUIRED**

- 1. Fifteen (15) copies of subdivision or site plan.
- 2. One Copy of the Final Conditions of Approval.
- 3. Items on the attached "Property Owner's Mailing List" Form (Page 3)

**EXTENSION REQUEST**

I/We hereby request an extension of time for ( ) months (not to exceed 36 months) on the above referenced project. I/We understand that by requesting this extension, an additional review of the file will be made, and that modifications an/or additions may be made to the conditions of approval during this review. This extension is requested because:

---



---



---



---

**OWNER'S AUTHORIZATION AND AFFIDAVIT:**

I am/We are the legal owner(s) of said property and do hereby certify that all the foregoing information is true and correct and recognize that if any information proves to be false or incorrect the Town shall be released from any liability incurred and any permits or approvals may be null and void.

Printed Name(s) of Legal Owner(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

This will serve to notify you and verify that I am/we are the legal owner(s) of the property described in the project application and do hereby authorize the listed representative to file this and represent my/our interest in the application.

Signature \_\_\_\_\_

(A letter of authorization form may be submitted in lieu of the legal owner's signature.)

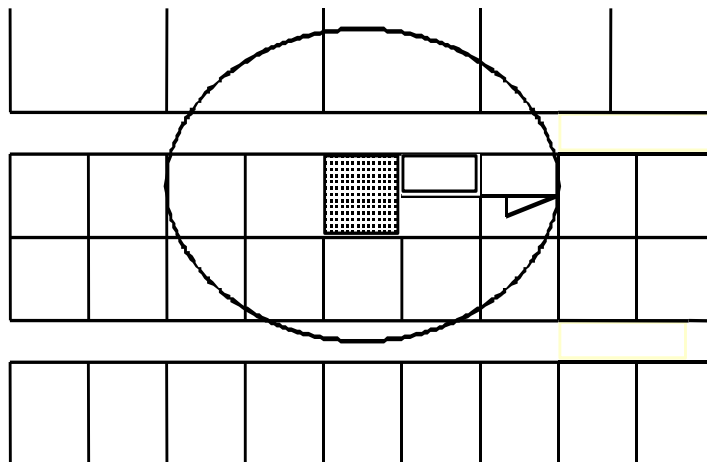
Signature of Representative \_\_\_\_\_ Date \_\_\_\_\_

**PROPERTY OWNERS MAILING LIST**

The surrounding property owner information must be obtained from the most current San Bernardino County Assessor’s roll or shall be prepared and verified by a Title Company doing business in San Bernardino County. The County Assessor’s office is located at 15900 Smoke Tree, Suite 221, Hesperia, CA. 92345.

- Two (2) sets of adhesive labels containing the mailing address of the owner(s), applicant(s) and of all surrounding property owners, including vacant properties. Mailing address should contain: assessor’s parcel number, property owners name, address and zip code.  
 Site of 5 acres or less properties within a radius of 300 feet.  
 Site of 5 - 20 acres properties within a radius of 500 feet.  
 Site of 21 - 160 acres properties within a radius of 700 feet.  
 Site of 161 acres or more properties within a radius of 1,300 feet.  
 Mailing address should contain: assessor’s parcel number, property owners name, address and zip code.
- One (1) copy of the labels sheets.
- One (1) radius map showing the subject property and all surrounding properties. The appropriate radius shall be drawn from the exterior boundaries of the subject property as shown in the sample below. The scale of the radius map shall be large enough to clearly show all surrounding properties.

Sample Vicinity/Radius Map  
 (See above for required radius)



**SURROUNDING PROPERTY OWNERS LIST CERTIFICATION**  
 (To be submitted with application)

I, \_\_\_\_\_, certify that on \_\_\_\_\_ the attached property owners list was prepared by \_\_\_\_\_ pursuant to the requirements of the Town of Apple Valley. Said list is a complete compilation of the owner(s), applicant(s) and representative of the subject property and all owners or surrounding properties within a radius of \_\_\_\_\_ feet from the exterior boundaries of the subject property and is based on the latest equalized assessment rolls of the San Bernardino County Assessor’s Office dated \_\_\_\_\_. I further certify that the information filed is true and correct to the best of my knowledge; I understand that incorrect and erroneous information may be grounds for refection or denial of the development application.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

ALDER ST.

Radius