



## PLAT TIME EXTENSION REQUEST FORM

GEM COUNTY DEVELOPMENT SERVICES DEPARTMENT

109 South McKinley, Emmett, Idaho 83617    www.co.gem.id.us    phone: (208) 365-5144    fax: (208) 365-2499

**FEE: \$40.00**

**SUBDIVISION NAME:** \_\_\_\_\_

**PROPERTY OWNER:**

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

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Application Type: \_\_\_\_\_

Application # : \_\_\_\_\_

**APPLICANT:**

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

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature: (Owner)

Date

\_\_\_\_\_  
Signature: (Applicant)

Date

**ATTACH A LETTER EXPLAINING THE REASON FOR THE REQUEST, LENGTH OF EXTENSION BEING REQUESTED AND ANY SUBDIVISION IMPROVEMENTS THAT HAVE BEEN COMPLETED TO DATE.**

**\*Office Use Only\***

Received By:	Date:	Fee:	Receipt No:
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