



**City of Camarillo**  
 Department of Community Development  
**TIME EXTENSION**  
 Application

<b>SUBMITTAL</b>	City of Camarillo Department of Community Development 601 Carmen Drive P.O. Box 248 Camarillo, CA 93011-0248 Phone: 805.388.5360; Fax: 805.388.5388 Email: <a href="mailto:comdevemail@cityofcamarillo.org">comdevemail@cityofcamarillo.org</a>	<b>APPLICATION</b> Staff Use	Case No. _____ Fee _____ Received by _____ Date Filed _____ HTE No. _____ <i>(Keep Receipt with Application)</i> For subdivision, parcel map (land division), or CUP: radius map/owners list is required.
------------------	---	---------------------------------	---

**NOTE** An application for a time extension request must be filed no later than 30 days prior to the date of the expiration for the project. The request must be signed by the applicant and accompanied by the appropriate filing fee. If the request involves a time extension for subdivisions, land divisions or CUPs, a 300-foot radius map and a list of property owners within a 300-foot radius of subject site is to be submitted on address labels for mailout purposes.

<b>APPLICANT</b>	<p><b>APPLICANT</b> _____</p> Contact Person _____ Email (required) _____ Address _____ City _____ State _____ Zip _____ Phone (8 am – 5 pm) _____ Cell _____ Fax _____ Describe the reasons for the request _____ _____ _____ I hereby request a time extension for (Case No.) _____ for a period of _____ year(s)/month(s) from _____ to _____ _____ <b>Signature of Applicant</b> _____ <b>Date</b> _____
------------------	--

<b>DEPARTMENT STAFF USE</b>	Related Cases _____ Expiration Date _____ <b>NEW Expiration Date</b> _____ <hr/> <b>DIRECTOR REVIEW:</b> → <input type="checkbox"/> <b>APPROVED</b> / <input type="checkbox"/> <b>DENIED</b> Signed _____ Date _____ Comments/Conditions _____ <div style="text-align: right;">Ltr <input type="checkbox"/> / CF Filing <input type="checkbox"/> / TCard <input type="checkbox"/></div> <hr/> <b>PLANNING COMMISSION REVIEW:</b> Date _____ Public Hearing Notices mailed/published _____ Initials _____ <input type="checkbox"/> <b>APPROVED</b> / <input type="checkbox"/> <b>DENIED</b> per Resolution # PC _____ Comments/Conditions _____ <div style="text-align: right;">Ltr <input type="checkbox"/> / CF Filing <input type="checkbox"/> / TCard <input type="checkbox"/></div> <hr/> <b>CITY COUNCIL REVIEW:</b> Date _____ <input type="checkbox"/> <b>APPROVED</b> / <input type="checkbox"/> <b>DENIED</b> per Resolution # _____ Comments/Conditions _____ <div style="text-align: right;">Ltr <input type="checkbox"/> / CF Filing <input type="checkbox"/> / TCard <input type="checkbox"/></div>
-----------------------------	--