*City of Port Orford*



555 West 20th Street

Post Office Box 310

Port Orford, Oregon 97465

541-332-3681(v) 877-281-5307(f)

Applicant agrees to pay all professional fees incurred with this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Date

**Timeline Extension/Waiver Form**

**Complete Application**

**CITY OF PORT ORFORD**

**RE: City File #:** CUP-1901

**Date Deemed Complete:** November 20, 2019

**Instructions:**

Please initial the applicable choice that applies to your project.

**Extension/Waiver Choices:**

**\_\_\_\_\_\_ Waiver:**

I hereby grant the City a waiver to the review time lines in the Port Orford Municipal Code and the State120-day period for processing a land use application. I understand that this waiver does not allow my application to exceed State Law, which requires that a decision be reached within 365 days from the date of completeness determination.

**\_\_\_\_\_\_\_ Extension:**

I hereby grant the City an extension of \_\_\_\_\_\_\_ days to the time line in the Port Orford Municipal Code and the State 120-day period for processing a land use application (total extensions may not exceed 245 days).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name** of Applicant or Applicant’s Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** of Applicant or Applicant’s Representative **Date**