



LOWER FREDERICK TOWNSHIP

GRANT OF TIME EXTENSION

Agent/Applicant Name: _____

Agent/Applicant Email: _____

Plan Name: _____

Plan Number: _____

Date: _____

GRANT OF TIME EXTENSION FOR CONDITIONAL USE

I/We hereby grant a time extension to the Board of Supervisors through _____,
20____ to hold the first public hearing.

GRANT OF TIME EXTENSION FOR SUBDIVISION & LAND DEVELOPMENT PLANS

I/We hereby grant a time extension through _____, 20____ for
the Board of Supervisors to take action on the plan.

Reason(s) for Time Extension: _____

Agent/Applicant Signature