



City of Whitefish
Planning & Building Department
 PO Box 158
 418 E 2nd Street
 Whitefish, MT 59937
 Phone: 406-863-2410 Fax: 406-863-2409

File #: _____
 Date: _____
 Intake Staff: _____
 Check # _____
 Amount _____
 Date Complete: _____

SUBDIVISION IMPROVEMENT AGREEMENT: REQUEST FOR EXTENSION

Subdivision Name: _____

APPLICANT:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

DATE SUBDIVISION IMPROVEMENT AGREEMENT EXPIRES: _____

DESCRIPTION OF IMPROVEMENTS COMPLETED TO DATE:

REQUESTED NEW SUBDIVISION IMPROVEMENT AGREEMENT EXPIRATION DATE: _____

REASON FOR REQUEST:

Application Contents:

The following items shall be included in order to process the request:

Attached

- _____ Subdivision Improvement Agreement: Request for Extension Application
- _____ Updated and signed original Subdivision Improvement Agreement
- _____ Updated and signed original Guarantee
- _____ Updated and signed original Engineer's Estimate

When all application materials are submitted to the Planning & Building Department, and the staff finds the application is complete, the staff will schedule the request for a public meeting before the City Council.

I hereby certify under penalty of perjury and the laws of the State of Montana the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as a part of this application, to be true, complete, and accurate to the best of my knowledge. The signing of this application signifies approval for the Whitefish Planning & Building staff to be present on the property for routine monitoring and inspection during the approval and development process.

 Applicant

 Date