



City of Whitefish
Planning & Building Dept
418 E 2nd St | PO Box 158
Whitefish, MT 59937
Phone: (406) 863-2410

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

SUBDIVISION IMPROVEMENT AGREEMENT: REQUEST FOR EXTENSION

Subdivision Name: _____

A. APPLICANT INFORMATION

APPLICANT:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

B. SUBDIVISION EXTENSION REQUEST INFORMATION:

- a. Date Subdivision Improvement Agreement Expires: _____
- b. Description of Improvements Completed to Date: _____

C. EXPLAIN REASON FOR REQUEST:

- a. Requested new Subdivision Improvement Agreement Expiration Date: _____

D. Application Contents:

Attached ALL ITEMS MUST BE INCLUDED - INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- 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