

Town of Silverton, Colorado

Request of Extension of Rights Associated with Preliminary Plat Approval

Subdivision Name _____

Applicant Name _____

Applicant Phone _____

Applicant Mailing Address _____

.....
Date of Town Board's initial approval of preliminary plat _____

Reason for request of extension (attach additional sheets if needed)

Expected date of Final Plat submittal (requires bonding in place, etc.) _____

Signature of Property Owner*

Printed name

Date

* if representing property owner or other corporation, attach documentation demonstrating interest or permission for submitting application

Application Fee: \$0

Received _____ by _____

official use portion

Action taken by Town Board _____ on _____