



TIME EXTENSION APPLICATION

TOWN OF OLDS PLANNING SERVICES

4512 46 St.,
Olds, Alberta, T4H 1R5, Canada
TEL: 403-507-4806
Email: planning@olds.ca

FOR OFFICE USE

SD No. _____

Neighbourhood: _____

Fee Submitted: _____

Receipt No. _____

Date Submitted: _____

1. Applicant Information: This form is to be completed in full, wherever applicable, by the registered owner of the land that is the subject of the application, or by a person authorized to act on behalf of the registered owner.

Name of Applicant: _____

Mailing Address: _____

City/Prov/Postal Code: _____

Phone: _____

Email: _____

2. Application Information:

File Number: _____

Neighbourhood Name: _____

3. Legal Description:

Lot(s): _____ Block(s) / Unit(s): _____ Plan: _____

Municipal Address: _____

4. Amount of Time Being Requested (Up to one year maximum as per MGA):

5. Reasons for the Extension:

6. Consent to Electronic Process:

I/We, the landowner or agency acting on the landowner's behalf, consent to use of the Town's electronic process, which includes electronic documents, stamps, and signatures.

☐ Yes

☐ No

7. Signature

Name (print): _____

Signature _____