



REQUEST FOR TIME EXTENSION
Ferguson Township, Centre County
March 2023

DATE: _____

APPLICANT/REPRESENTATIVE NAME:	PROPERTY OWNER NAME:
--------------------------------	----------------------

ADDRESS:

PHONE:	FAX:
--------	------

EMAIL:

LOCATION OF DEVELOPMENT:

PARCEL NUMBER:

PLAN NAME:

PLAN PREPARED BY (NAME & FIRM):

ADDRESS:

PHONE:	FAX:
--------	------

EMAIL:

PLEASE SEND CORRESPONDENCE TO (CHECK APPLICABLE): APPLICANT: _____ OWNER: _____

REASON FOR TIME EXTENSION REQUEST:

SIGNATURE

PRINT NAME:

INTERNAL USE ONLY

DATE RECEIVED BY TOWNSHIP: _____

PLAN NUMBER:	PLAN EXPIRATION:
--------------	------------------