CITY OF MIDDLETON
P O Box 487, Middleton, ID 83644
208-585-3133, Fax: 208-585-9601
WWW.MIDDLETON.ID.GOV

Date of acceptance:_____
Accepted by: _____
Fee: $ _____

Property Owner):

_____
Name   Phone   Email

_____
Address   City, State   Zip

Representative:

_____
Name   Phone   Email

_____
Address   City, State   Zip

Site Information:

Subdivision: _____ Date of Approval: _____

Crossroads: _____

Application Checklist

☐ **Completed Application**

☐ **Narrative:** attach a description of the following:
- Date of original approval
- Date the approval will expire
- Reason for requesting the time extension
- Extension time period requested
- Progress to date on the project.

☐ **Proof of ownership:**

_____   _____
Printed Name   Signature