



**APPLICATION FOR EXTENSION OF TIME FOR REVIEW**  
**Logan Township, Blair County**

Date: \_\_\_\_\_

Name of Applicant / Developer: \_\_\_\_\_  
(The original applicant must make application for extension of time)

Name of Development: \_\_\_\_\_

Reason for Extension of Time: \_\_\_\_\_

Length of Time Extension Requested: \_\_\_\_\_

Applicant acknowledges that if the Township Board of Supervisors approves this application for extension for review, said approval will constitute a legally binding agreement between the parties as to the extension of time.

Witness:  
\_\_\_\_\_

Applicant / Owner (Individual)  
\_\_\_\_\_

Attest:  
\_\_\_\_\_

Applicant / Owner (Corporate)  
\_\_\_\_\_

Witness:  
\_\_\_\_\_

Applicant / Owner (partnership)  
\_\_\_\_\_

Approved by the Board of Supervisors  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Approval: \_\_\_\_\_