

**Angel Fire Environmental/Architectural Control Committee
2016 Extension Request**

(Please note each extension is good for 6 months, going forward consecutively.)

If the scope of work is not complete at the end of the 3rd extension, the application process will have to start over,
including all fee and deposits.

The Committee meets on the 2nd and 4th Tuesday of each month.

This request must be submitted on or before noon on the preceding Friday.

Permit #: _____

Owners Name: _____ Date Submitted: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Lot Description: Subdivision: _____ Section/Block: _____ Lot Number: _____

Street Address: _____

General Contractor: _____ Company Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Business Phone: _____ License Number: _____

Reason for Extension: _____

Extension #: _____ Revised Completion Date: _____

Property Owner's signature: _____ Date: _____

Contractor/Builder's signature: _____ Date: _____

Application approval (This will be filled out after the Committee approves your application):

Chairman's signature: _____ Date: _____