

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

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: _____

Contractor License#: _____ State of Issuance: _____ Expiration Date: _____

Email Address: _____

Cell Phone: _____ Business Phone: _____

Reason for Extension: _____

Extension #: _____ Revised Completion Date: _____

Property Owner: _____ Date: _____

Contractor/Builder: _____ Date: _____

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

Chairman's signature: _____ Date: _____

(Please post this with your permit, after approval)

Each extension is good for 6 months, going forward consecutively