

**NEVADA COUNTY COMMUNITY DEVELOPMENT AGENCY  
PLANNING DEPARTMENT  
ERIC ROOD ADMINISTRATION BUILDING  
950 Maidu Avenue, Suite 170  
Nevada City, California 95959-8617  
(530) 265-1222**

**Filing Fee: \$ \_\_\_\_\_**

**REQUEST FOR AN EXTENSION OF TIME**

Extensions of time for tentative maps and other land use permits can be requested pursuant to County or State codes but **they are not automatic** - specific findings must be made in order to approve an extension, including zoning and General Plan consistency. Extension Requests must be filed with the Planning Dept. prior to the expiration date of your project.

*Please type or print legibly in black ink*

**AP#:** \_\_\_\_\_ **FILE NO.:** \_\_\_\_\_

**AMOUNT OF ADDITIONAL TIME REQUESTED:** \_\_\_\_\_

**DATE OF APPROVAL:** \_\_\_\_\_ **DATE APPROVAL EXPIRES:** \_\_\_\_\_

**HEARING BODY GRANTING APPROVAL:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Mailing Address of Applicant:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Name(s) & Address(es) of Property Owner(s):** \_\_\_\_\_

**Name & address of Representative:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Street address of subject property:** \_\_\_\_\_

**Reason Extension of Time is needed (be specific; if adequate justification is not provided your request can be denied):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: If the applicant is not the property owner, a Letter of Authorization is required.*



**COUNTY OF NEVADA  
COMMUNITY DEVELOPMENT AGENCY**

950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617  
(530) 265-1222 FAX (530) 265-9854 <http://mynevadacounty.com>

Agricultural Commissioner

Building Department

Environmental Health

Planning Department

Dept. of Public Works

**AGREEMENT TO PAY FORM**

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay Form* must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provision of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

**Site Information:**

**Invoices and/or notices to be mailed to:**

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	Telephone: _____
Email: _____	Email: _____

I would like to opt out of receiving County emails related to this project.

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: \_\_\_\_\_

*I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dated: \_\_\_\_\_ CDL# \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Tel #: \_\_\_\_\_

**THIS SECTION FOR OFFICE USE ONLY**

Service: _____	Program: _____	Job No: _____
DPW #: _____	Project File #: _____	Billing Code: _____
Amount Collected: \$ _____	Receipt #: _____	Date of Receipt: _____
Service: _____	Program: _____	Job No: _____
DPW #: _____	Project File #: _____	Billing Code: _____
Amount Collected: \$ _____	Receipt #: _____	Date of Receipt: _____