

## REQUEST FOR DESIGN APPROVAL TIME EXTENSION

(Only one (1) extension granted per Design Permit.)

TO: MTA DESIGN DEPA	RTMENT	
FROM: LEGAL OWNER		
PROPERTY ADDRESS _		
MAILING ADDRESS (If different from above)		
Please grant us a one-time,	six-month extension to comp	lete our project(s) originally
approved on (date)	·	
Type of Project		
Thank you,		
		Date:
Owner's Signature		
*******	***OFFICE USE ONLY***	********
Project #	Date Submitted:	Received By:
APPROVED: New Exp	oiration Date:	
DISAPPROVED = (Ple	ase see the letter provided for	r explanation)
Authorized Signature		Date