

REQUEST FOR DESIGN APPROVAL TIME EXTENSION

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

TO: MTA DESIGN	DEPARTMENT	
FROM: LEGAL O	WNER	
PROPERTY ADDR	ESS	
MAILING ADDRE (If different from al	SS pove)	
Please grant us a on	e-time, six-month extension to comp	lete our project(s) originally
approved on (date)		
Thank you,		
		Date:
Owner's Signature		
*******	******OFFICE USE ONLY***	********
Unit #	Date Submitted:	Received By:
APPROVED: N	ew Expiration Date:	
DISAPPROVEI	e: for the following reasons:	
Authorized		D-4-
Signature		Date

Revised 03/19/15