



Planning Department
6603 E. Hwy 22, Callaway, FL 32404
Phone (850) 871-4672 Fax (850) 871-2444
www.cityofcallaway.com

REQUEST FOR DEVELOPMENT ORDER EXTENSION

Project Name: _____

Location: _____

Address: _____

Developer/Owner: _____

Project Contact/Authorized Agent: _____

Engineer: _____

Development Order No. (If Applicable): _____

Date that the Development Order was Approved: _____

Current Status of Project: _____

Reason for Extension: _____

When Work/Construction Activity will begin: _____

Anticipated Time Work/Construction will be complete: _____

I hereby certify that the information contained herein is true and correct and that I am either the true and sole owner of the subject property, or am authorized to act on behalf of the true owner(s) in all regards on this matter, pursuant to proof and authorization submitted with the corresponding development order or attached hereto. I hereby represent that I have the lawful right and authority to request an extension. I understand that submission of the form indicates a process and does not imply approval by the City of Callaway.

By signing this application, I hereby authorize the Planning Department staff to access the subject property to verify information contained in this request form. Further, the person named as the Project Contact is authorized on my behalf (if applicable).

Owner's or Authorized Agent's signature

Date

Please Print Name

Phone: _____ Email.: _____