



**CITY OF HUNTINGTON PARK**  
Community Development Dept. • Planning Division  
6550 Miles Avenue, Huntington Park, CA 90255  
Tel. (323) 584-6210 • [planning@hpca.gov](mailto:planning@hpca.gov)

**EXTENSION OF PLANNING  
COMMISSION APPROVAL  
APPLICATION**

<b>FOR OFFICE USE ONLY</b>			
Date Filed:	File No.:	Fee/Receipt No.:	Initials:
		<b>\$2,500</b>	

**PROJECT INFORMATION**

Project Address: \_\_\_\_\_

General Location: \_\_\_\_\_

Assessor's Parcel Number (APN): \_\_\_\_\_

**APPLICANT'S INFORMATION**

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY OWNER'S INFORMATION**

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

**I HEREBY REQUEST A TIME EXTENSION FOR (CASE NO.)** \_\_\_\_\_

**FOR A PERIOD OF** \_\_\_\_\_ **YEAR(S)/ MONTH(S) FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**DESCRIBE THE REASON FOR THE REQUEST:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE AND AFFIDAVIT OF APPLICANT:** I/We certify that all statements made on this

application are true and complete to the best of my knowledge. I/We understand that any false statements may result in denial of the requested permit or revocation of any issued permit. I/We further certify that I am, or have permission by, the property owner to conduct the proposed development applied for herein.

\_\_\_\_\_  
Applicant Signature (Required)

Date\_\_\_\_\_

\_\_\_\_\_  
Print Name

*Note: If the applicant is not the property owner, the owner of the property must sign the application or a written authorization must be submitted so that the applicant may file the application.*

\_\_\_\_\_  
Property Owner Signature (Required)

Date\_\_\_\_\_

\_\_\_\_\_  
Print Name