

# MCPC

## MONONGALIA COUNTY PLANNING COMMISSION

243 High Street, Rm 026, Morgantown, WV 26505

Phone 304.291.9570 Fax 304.291.9573 www.monongaliacounty.gov

### Office Use

BZA or Plan Comm. Date: \_\_\_\_\_

Zoning ID: \_\_\_\_\_

Zoning Name: \_\_\_\_\_

Tax District: \_\_\_\_\_

Map No.: \_\_\_\_\_

Fee: \_\_\_\_\_

## APPLICATION FOR ORIGINAL PERMIT EXTENSION

Permit Extension Fee: 25% of original permit (minimum of \$10.00)

The Planning Commission or Board of Zoning Appeals may grant original permit extensions, at its discretion, for periods not to exceed two years.

**Date of Submittal** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Property Owner:

### Agent (if applicable):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address (Street, City, State, Zip Code)

\_\_\_\_\_  
Mailing Address (Street, City, State, Zip Code)

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

### Legal Description of Property:

(If in metes and bounds, attach legal description on separate sheet or attach copy of deed)

Block	Lot	Subdivision	Parcel Size (acres or sq. ft.)
_____ Street Address (Street, City, State, Zip Code)			

**Original Permit Approval Number:** \_\_\_\_\_

**Date of Original Permit Issuance:** \_\_\_\_\_

**Justification for Permit Extension:** \_\_\_\_\_

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate. I understand that applying for a Permit Extension does not guarantee approval and that the fee associated with the application is non-refundable. I give permission for on-site visits as required.

**I understand that my presence is mandatory at any meetings regarding this application.**

**Signature of Applicant (Property Owner):** \_\_\_\_\_ **Date:** \_\_\_\_\_