

**EXTENSION of the EXPIRATION DATE
APPLICATION FORM
CITY OF JACKSONVILLE, FLORIDA**

APPLICATION #	DEVELOPMENT #	ORIGINAL EXPIRATION DATE

I. TYPE OF CERTIFICATE EXTENSION REQUESTED:	
	Development Agreement, Development Order, Fair Share Agreement Contract, or Mobility Fee Contract under Section 252.363, Florida Statutes, pursuant to State of Emergency declared by the Governor. CMMSO will review and calculate the extended date, and will confirm in writing with a follow-up memo. No fee, covering the duration of Emergency Declaration plus one 6 month extension.
	Conditional Capacity Availability Statement (CCAS) pursuant to one of four allowable six-month extension requests under Section 655.111(b)(6) upon showing of good cause. Fee \$114 for each six-month extension.
	Concurrency Reservation Certificate (CRC) pursuant to one of four allowable six-month extension request under Section 655.111(c)(3) upon showing of good cause. Fee \$114 for each six-month extension.

II. AGENT AND OWNER INFORMATION:	
OWNER'S INFORMATION	
Name:	Address (including city, state, zip):
Email:	Telephone:

AGENT'S INFORMATION	
Name:	Address (including city, state, zip):
Email:	Telephone:

V. COMMENTS: (If requesting an extension due to a State of Emergency, please list the relevant Executive Order(s) here or in an attachment)

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GENERAL AUTHORIZATION

I hereby certify that I have read and understand the information contained in this application, that I am the owner or authorized agent for the owner with authority to make this application, and that all of the information contained in this application, including attachments, is true and correct to the best of my knowledge.

Owner(s)

Print Name: _____

Signature: _____

Applicant or Agent (if different than owner)

Print Name: _____

Signature: _____

Owner(s)

Print Name: _____

Signature: _____