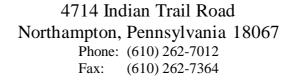
Allen Township Supervisors





ALLEN TOWNSHIP PLAN ACTION EXTENSION FORM

DATE:

ATTN:

RE:

Ladies and Gentlemen:

My ninety (90) day review period for the aforementioned development expires on

______. In accordance with Section 300 et. seq., of the Allen Township Subdivision and Land Development Ordinance, I hereby request an additional days from the date of the stamped receipt of this request to review and submit amended plans. I understand the extension period is to begin the day following the date of expiration of the initial 90-day review period.

Said extension carries the time for the completion of review to

Applicant's Name (Print) Applicant's Signature

Applicant's Authorized Representative (must be a corporation official, a person with power of attorney; or attorney for applicant