



Security Guidelines Schedule E: Extension Application Form

Includes:

- Development Agreement Extension Application

City of Beaumont
Planning & Development
5600-49 Street
Beaumont, AB T4X 1A1
Phone: 780-929-8782
Email: planning@beaumont.ab.ca



Development Agreement Extension Application

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DATE RECEIVED
OFFICE USE ONLY

DATE PAID
OFFICE USE ONLY

OFFICE USE ONLY	
File:	
Subdivision Name:	
Fees	Receipt #:
Development Agreement Extension Fee:	
Total Fees:	

1. Property Information

Development Stage name: _____
(as it appears on the Development Agreement)

Developer name: _____

4. Applicant and Property Owner Information

Applicant/Consultant Name: _____

Mailing Address: _____

Municipality: _____ Province: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email (required): _____

Is the Applicant also the Registered Owner? ☐ Yes (Do not fill out below) ☐ No (Fill out below - written authorization from registered owner required)

Owner Name: _____

Mailing Address: _____

Municipality: _____ Province: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email (required): _____

3. Development Agreement Details

Item requesting Extension: _____

Original deadline for item as outlined in the DA: _____

Has an extension for the item above already been granted? ☐ Yes ☐ No

If answered yes, what was the extension date: _____

New Proposed Extension Date: _____

Reasons for Extension request:

4. Applicant Authorization

I, _____ hereby certify that

I am the registered owner,

I am the agent authorized to act on behalf of the registered owner

And that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for a Development Agreement Extension.

Signature: _____

Date: _____

The personal information collected is authorized under Section 4(c) of the Protection of Privacy Act and is managed in accordance with the Act. It will be used to process your application and for administrative purposes directly related to the program or service for which you are applying. It may be entered into an automated system to generate content or make decisions, recommendations, or predictions. If you have questions about the collection or use of your personal information, please contact the Access and Privacy Officer at 780-929-8782.

5. City Approval (To be filled out by City Administration)

Extension Granted ☐ Yes ☐ No

The application expiry date will now be: _____
(date)

Approved by: _____ Date: _____
City of Beaumont

THIS EXTENSION AGREEMENT MUST BE ENTERED INTO WITHIN THE TERMS OF BEAUMONT'S SECURITY GUIDELINES. IT IS THE APPLICANT'S RESPONSIBILITY TO TRACK TIMELINES WITHIN THEIR DEVELOPMENT AGREEMENT. THIS FORM MUST BE RETURNED TO THE CITY OF BEAUMONT USING CONTACT INFORMATION ABOVE.