
TIME EXTENSION FOR APPROVED TENTATIVE MAP OR TENTATIVE PARCEL MAP



DEPARTMENT OF DEVELOPMENT SERVICES
10601 Magnolia Avenue,
Santee, CA 92071
(619) 258-4100, Ext 167

**THIS PACKAGE PROVIDES AN OVERVIEW OF THE PROCESSING OF
TIME EXTENSIONS FOR PREVIOUSLY APPROVED TENTATIVE MAPS OR
TENTATIVE PARCEL MAPS FOLLOWED BY THE SUBMITTAL
REQUIREMENTS AND APPLICATION FORM**

OVERVIEW:

The Director of Development Services is authorized to approve time extensions for previously approved tentative maps or tentative parcel maps provided that approved project has not been made inconsistent or non-conforming by any of the following:

- 1) Significant changes in the General Plan land use element; or
- 2) Significant changes to the zoning ordinance; or
- 3) Changes to the character of the area.

In addition, the granting of an extension should not be detrimental to the public health, safety or welfare, or materially injurious to property or improvements within the vicinity (§13.04.090 of Santee Municipal Code).

TIME LIMITS

A time extension may be granted for up to three years from the project expiration date (Government Code Section 66452.6).

PROCESS:

Submit the Time Extension Application and required materials (on the next page) to the Department of Development Services. The submitted documents will be reviewed by City Staff to ensure that all of the required information is submitted and to identify any potential issues with the General Plan, Municipal Code, and the Subdivision Map Act. Written comments, if any, will be provided within 30 days of the application submittal.

Please contact staff prior to beginning work on this application to determine the specific review process appropriate to the proposed project.

SUBMITTAL CHECKLIST

1. Application
 - a. ____ Completed and signed Time Extension Form
 - b. ____ Ownership Disclosure Statement

2. Title Report
 - a. ____ Three (3) copies of current (not more than six months old) Preliminary Title Report and Grant Deed.

4. Written Request
 - a. ____ A letter stating the reason for the time extension and the number of years being requested (signed by the property owner).

5. Fees
 - a. ____ Time Extension Deposit



TIME EXTENSION APPLICATION

Department of Development Services
10601 Magnolia Avenue, Santee, CA 92071
(619) 258-4100, Extension 167

FOR DEPARTMENT USE ONLY

TIME EXTENSION FOR TENTATIVE MAP / PARCEL MAP (Circle One)

TO _____
MAP NUMBER

Site Location: _____

Assessor Parcel Number(s): _____

<p>1. Applicant</p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Signature: _____</p> <p>Print Name: _____</p>	<p>2. Property Owner</p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: _____</p> <p>Signature: _____ (Authorizing Applicant to Submit Application)</p> <p>Print Name: _____</p>
<p>3. Applicant's Representative</p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Signature: _____</p> <p>Print Name: _____</p>	<p>4. Designer / Engineer</p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Signature: _____</p> <p>Print name: _____</p>

5. Parcel Size (Acres): _____

6. Existing Land Use: _____

7. General Plan Land Use Designation: _____

8. Zone Designation: _____

9. For Residential Projects:

A. Number of Units Proposed _____

B. Number of Lots Proposed _____

C. Project Density Proposed _____

10. DESCRIPTION OF PROPOSED USE / PROJECT

Describe below, or on an attached sheet if more space is required, the proposed use, its operation, the nature and type of buildings, structures and other facilities to be used and the types of services to be provided.

I, the undersigned, under penalty of perjury, claim the information contained within this application is correct to the best of my knowledge.

Signed: _____
(applicant)

Please Print Name: _____



City of Santee
Development Services Dept.
 10601 Magnolia Avenue
 Santee, CA 92071-1222
 (619) 258-4100

OWNERSHIP DISCLOSURE STATEMENT

Project Title: _____ **Project No.** *For City Use Only* _____

Project Address: _____

Legal Status (please check):

- Corporation (Limited Liability –or– General) What State? _____
 Corporate Identification No.: _____
- Partnership (list names below) Individual

_____	_____
(Type or Print Name of Partner)	(Type or Print Name of Partner)
_____	_____
(Type or Print Name of Partner)	(Type or Print Name of Partner)

Please list below the owner(s) and tenants(s) (if applicable) of the above referenced property. The list must include the names, titles and addresses of all persons who have an interest in the property, recorded or otherwise, and state the type of property interest (e.g., tenants, if known, who will benefit from the permit, all individuals, all corporate officers, and all partners in partnership who own the property).

Note: The applicant is responsible for notifying the Project Manager of any changes in ownership during the time the application is being processed or considered. Changes in ownership are to be given to the Project Manager at least thirty days prior to any public hearing on the subject property.

Name (type or print):	Name (type or print):
_____	_____
Title/Property Interest (type or print):	Title/Property Interest (type or print)
_____	_____
Street Address:	Street Address:
_____	_____
City/State/Zip:	City/State Zip:
_____	_____
Phone No.: Fax No.:	Phone No.: Fax No.:
_____	_____
Signature:	Signature:
_____	_____

FOR ADDITIONAL NAMES, PLEASE WRITE ON BACK OF THIS FORM – THANK YOU