## STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION APPLICANT TIME EXTENSION FORM

## THIS FORM <u>NOT</u> FOR USE DURING THE CONSTRUCTION PHASE AND SHALL BE KEPT WITH THE APPLICATION FILE

PART 1: APPLICANT IDENTIFICATION	
Project Name:	
Application Number:	
Applicant:	
Telephone:	
PART 2: EXPLANATION OF TIME EXTENSION NEED	
PART 3: APPLICANT CONCURRENCE AND SIGNATURE	
With regard to the above referenced application, with full knowledge and understanding of my rights under Section 120.60(2), Florida Statutes, I hereby waive the right to have the application approved or denied by the State Department of Transportation within the 90 day time period prescribed by law. Said waiver is made freely and voluntarily by me, with full knowledge, and without any coercion by anyone employed by the State of Florida Department of Transportation. I also understand that this requested extension will give me extra time to supply new or corrected information.	
Applicant Signature: Date	:
Applicant's Name Printed or Typed:	
PART 4: DEPARTMENT RECEIPT. CONCURRENCE & SIGNATURE	
Printed Name of Staff Person:	
Signature of Staff Person:	
Date:	
Agreed Upon "Follow-up" Date:	
Notes or explanations:	