



Name of Project:	MICHAEL MAIDEN PROPERTY			
Location or Address:	16500, 16536, 16542, 16600, 16630 SE 362 <sup>nd</sup>			
Map & Tax Lot #	T:	R:	Section:	Tax Lot (s):

Request:
We request a 5-year extension of our agreement so we can continue the work with the improvements as permitted

- I am the (check one) ☒ owner ☐ lessee of the property listed above, and the statements and information contained herein are in all respects true, complete and correct to the best of my knowledge and belief.
- With submission of this application, I authorize representatives of the City of Sandy to access the property for the purpose of site investigation associated with this application.

Applicant (if different than owner)	Owner MICHAEL MAIDEN
Address	Address 16600 SE 362 <sup>nd</sup>
City/State/Zip	City/State/Zip SANDY, OR 97055
Email	Email MichaelMaidenLLC@aol.com
Phone	Phone 503.349.0535
Signature	Signature MICHAEL MAIDEN

Staff Use Only

File #:	Date:	Fee\$:	Planner:	
Type of review:	Type I <input type="checkbox"/>	Type II <input type="checkbox"/>	Type III <input type="checkbox"/>	Type IV <input type="checkbox"/>
Has applicant attended a pre-app? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of pre-app meeting:				