

Timeline Waiver

Applicant: Please fill-in the information below. Please print clearly.

Name: _____
Address: _____
City / State / Zip: _____
Telephone(s): _____

Description: Please briefly state or describe the *County Zoning Action* or *Building Permit Consideration* for which a *waiver of timeline* is requested.

In reference to my application described above for *County Zoning Action* or for *County Building Permit Consideration*, I, the undersigned, do request and agree to waive the sixty-day rule requirement under Minnesota State Statute 15.99. This waiver is in effect until revoked by me in writing.

Signed

Date

In reference to my application described above for *County Zoning Action* or for *County Building Permit Consideration*, I, the undersigned, do request this waiver be revoked.

Signed

Date