



Delivering Excellence Every Day

General Services Administration
Infill Housing Program
111 NW 1 Street, Suite 2460
Miami, Florida 33128
Main Number: (305) 375-4400
Fax Number: (305) 375-3545

Date Received \_\_\_/\_\_\_/\_\_\_
Received by: \_\_\_\_\_

INFILL HOUSING INITIATIVE
Application to Request Extension

Name of Applicant (Owner) \_\_\_\_\_
Phone No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_
Mailing Address \_\_\_\_\_
City \_\_\_\_\_, State \_\_\_\_\_ ZIP Code \_\_\_\_\_
Property Location \_\_\_\_\_ Folio No. \_\_\_\_\_
City \_\_\_\_\_, State \_\_\_\_\_ ZIP Code \_\_\_\_\_
Date submitted plans for processing \_\_\_/\_\_\_/\_\_\_ Processing No. \_\_\_\_\_
Date building permit issued \_\_\_/\_\_\_/\_\_\_ Permit No. \_\_\_\_\_

Criteria for Granting Extension

GSA will grant extension to the Infill Developers that cannot deliver the home as agreed due to events that are beyond their control. The following are the criteria for granting extensions (check applicable criteria and provide detailed explanation on separate sheet):

- \_\_\_ Changes to regulations that require major plan changes
\_\_\_ Platting requirement
\_\_\_ Zoning Hearing requirement
\_\_\_ Right-of-way requirement
\_\_\_ Water/Sewer complication
\_\_\_ Quiet Title requirement
\_\_\_ Liens
\_\_\_ Other (explain on separate sheet)

Developer understands that if the request is denied, he/she shall forfeit all rights to the property, including any construction of any infrastructure or any improvements in, on, to, or under the land, without recourse to recover any cost of said construction. Notwithstanding, the developer has the right to appeal this decision to the County Manger.

Signature of Applicant \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

FOR OFFICIAL USE ONLY:

Extension Granted: \_\_\_\_\_ Extension Expiration Date \_\_\_/\_\_\_/\_\_\_
Wendi J. Norris, GSA Director

Extension Denied: \_\_\_\_\_
Wendi J. Norris, GSA Director

Reason for Denial: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_