

Request to

Postpone • Table • Withdraw

Applicant Name (as it appears on the current TTCDA agenda)		Date of Request	
		File Number(s)	
Scheduled Meeting Date			
POSTPONE			
	eting. All requests must be	the request is received in writing and paid for by 3:30PM on Monday acted upon by the TTCDA, except new applications which are eligible	
SELECT ONE: 30 days 60	days 🗌 90 days		
Postpone the above application(s) u	ntil the	Planning Commission Meeting.	
WITHDRAW			
is heard. Applicants are eligible f	or a refund only if a written	icant prior to and/or during the TTCDA meeting in which the application request for withdrawal is received no later than close of business 2 ne request is approved by the Executive Director or Planning Services	
TABLE		*The refund check will be mailed to the original payee	
☐ TABLE: Any item requested for to or untable an item.	abling must be acted upon b	by the TTCDA before it can be officially tabled. There is no fee to table	
AUTHORIZATION By sign	ning below, I certify I am the	property owner, and/or the owners authorized representative.	
Applicant Signature	P	lease Print	
Phone Number	Email		
STAFF ONLY			
Staff Signature	Please Pr	int Date Paid	
Eligible for Fee Refund?	No Amount:		
Approved by:		Date:	
Payee Name	Payee Phone	Payee Address	