**CDC Extension Request**

(To be submitted by CDC Applicant to local CDC/Floodplain Administrator, with a copy to NCTCOG)

**Applicant's Representative.** Identify person knowledgeable and authorized to respond to questions concerning data provided by the Applicant.

Applicant Name:

Name of Representative:

Relationship to Applicant:

Project Address:

Address of Representative/Applicant:

Telephone/e-mail:

**Explanation for Extension Request**

Applicant's or Representative’s Signature/Typed Name /Title Date

**CDC/Floodplain Administrator Action/Findings**

(To be completed by CDC/Floodplain Administrator)

Extension Request Granted? Yes 🞎 No 🞎

Period of Extension: From: To:

Signature of CDC Administrator/Typed Name/Title Date City/County