



Application #: _____
Fees Paid: _____
Check #: _____
Receipt #: _____

**PLANNING BOARD AND ZONING BOARD OF ADJUSTMENT
EXTENSION REQUEST**

Name of Applicant: _____

Mailing Address: _____

Owner (If same as applicant, write "same"): _____

Mailing Address: _____

Tax Map/ Lot # (s): _____ Zoning District (s): _____

Tax Map/ Lot # (s): _____ Application #(s): _____

Street Address: _____

Project Name (If Applicable): _____

Current Dates:

Requested Dates:

Plan Revisions: _____

Site Improvement Security: _____

Mylar and/or Final Plans: _____

Completion: _____

Reason for Request: _____

Sign as appropriate (If agent or non-person please attach certification)

NOTE: Please attach an Applicant Contact Worksheet

PROPERTY OWNER(S)

Printed Name Here

Signature of Property Owner(s)

Date

AGENT(S)

Printed Name Here

Signature of Agent(s)

Date