

**TOWN OF HARTFORD
REQUEST FOR SIX MONTH
ZONING PERMIT EXTENSION**

Map/Lot # _____ Location _____

Applicant's name and mailing address _____

I, the undersigned, request:

A. A six (6) month extension to the time period by which activities authorized by zoning permit # _____, which became effective on _____, shall be started. This work will not be started within the time limit and an extension is needed because _____

OR

B. A six (6) month extension to the time period by which activities authorized by zoning permit # _____, which became effective on _____, and is due to expire on _____ shall be completed. This work will not be completed within the time limit and an extension is needed because _____

Applicant

Date

This request is approved/denied under section 1-4.3 of the Hartford Zoning Regulations and activities authorized by the above referenced zoning permit must now be started/completed by _____.

Planning Commission Chair

Date
