

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

Map/Lot # \_\_\_\_\_ Location \_\_\_\_\_

Applicant's name and mailing address \_\_\_\_\_

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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 \_\_\_\_\_

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**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 \_\_\_\_\_

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\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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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

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