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:
       _______________________________________________________________________________________
       _______________________________________________________________________________________

Property Owner Name __________________________ Property Owner Signature __________________________ Date ___________

Applicant Name _______________________________ Applicant Signature __________________________ Date ___________

This request is approved/denied under Section 260-4 (C) of the Hartford Zoning Regulations and
activities authorized by the above referenced zoning permit must now be started/completed by

_________________________________________________________________________________________ .

Planning Commission Chair Signature __________________________ Date ___________