



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:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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