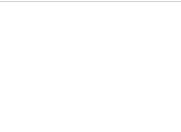
## **EXTENSION FORM**



## **TOWN OF MEDWAY**

ZONING BOARD OF APPEALS 155 Village Street Medway MA 02053 Phone 508-321-4915 |zoning@townofmedway.org www.townofmedway.org/zoning-board-appeal

TOWN CLERK STAMP



## NOTE: THE APPLICATION WILL NOT BE CONSIDERED "COMPLETE" UNLESS ALL NECESSARY DOCUMENTS, FEES, & WAIVER REQUESTS ARE SUBMITTED. A GENERAL APPLICATION FORM DOES NOT NEED TO BE SUBMITTED FOR AN EXTENSION. TO BE COMPLETED BY THE APPLICANT

Please attach the decision in question. Please provide attachments detailing the Reason(s) for requesting a modification to the existing decision and citation(s) of the portion(s) of the decision to be modified. Please provide any additional waiver requests as needed.

Applicant/Petitioner(s):	Previous Decision was for:	
	Variance	
Property Owner(s):	Special Permit	
	Comprehensive Permit	
Site Address(es):		
Parcel ID(s):		
	Date of Previous Decision:	
Zoning District(s):		

EXTENSION REQUEST			
1. Please provide evidence that the applicant/petition structures in accordance with the special permit,	ner has made efforts to improve the land, buildings and/or variance, or comprehensive permit:		
2. What reasons, financial or otherwise, have prohibited exercising the Variance; or has prohibited substantial action of the special permit; or prohibited exercise of the comprehensive permit?			
	-		
Time Period for Extension (up to but no more than 6 months from date of expiration/lapse):	Time Period for Extension:		
New Date of Expiration/Lapse:	New Date of Expiration/Lapse:		
TO BE COMPLETED BY STAFF			
<u>Certificate of Vote</u> This is to certify that at the Zoning Board of Appeals meeting held on, a majority vote passe GRANTING the request for an extension of variance to for a period of the request for an extension of variance to			
months or to the date of			
	·		
months or to the date of This is to certify that at the Zoning Board of Appeals meetin	·		

## APPLICANT/PETITIONER INFORMATION

The owner(s) of the land must be included as an applicant, even if not the proponent. Persons or entities other than the owner may also serve as coapplicants in addition to the owner(s), however, in each instance, such person shall provide sufficient written evidence of authority to act on behalf of the owner(s). For legal entities such as corporations, LLCs, etc., list the type and legal status of ownership, the name of the trustees/officer members, their affiliation, and contact information. Please provide attachment for information if necessary.

Applicant/Petitioner(s):	Phone:	
	Email:	
Address:		
Attorney/Engineer/Representative(s):	Phone:	
	Email:	
Address:		
Owner(s):	Phone:	
	Email:	
Mailing Address:	H	

Please list name and address of other parties with financial interest in this property (use attachment if necessary):

Please disclose any relationship, past or present, interested parties may have with members of the ZBA:

I hereby certify that the information on this application and plans submitted herewith are correct, and that the application complies with all applicable provisions of Statutes, Regulations, and Bylaws to the best of my knowledge, and that all testimony to be given by me during the Zoning Board of Appeals public hearing associated with this application are true to the best of my knowledge and belief.

Signature of Applicant/Petitioner or Representative

Received by:

Date