

REQUEST FOR CONTINUANCE OR EXTENSION

Applicant Information	
Name	
Full Address	
Telephone	
Fax	
Email Address <i>(optional but desirable)</i>	
Applicable Project / PB Number / Hearing Date <i>Required. Provide Planning Board (PB) file Number if applicable.</i>	Project Title
	Project Address
	PB Number
	Assessors Map-Lot
	Hearing Date
Specific Request <i>(Select One.)</i>	<input type="checkbox"/> I respectfully request a continuance of the above referenced Planning Board Public Hearing to the next available date. <i>(The Planning Board will try to accommodate requests for particular dates but cannot guarantee that a date will be available.)</i>
	<input type="checkbox"/> I respectfully request/grant an extension of ____ days on the statutory review/action period for the above referenced Project in accordance with applicable Massachusetts General Laws (M.G.L.), including Chapters 40A & 41.
	<input type="checkbox"/> I respectfully request an extension on the time for completion of the above referenced Project until ____ / ____ / ____ . <i>(indicate specific date: month/day/year)</i>
Additional Comments Explanation or Rationale <i>Attach additional information if necessary.</i>	
Signature of Applicant or Appointed Representative <i>(Required.)</i>	

Office Use Only	
Date Stamp	Date Request Received: