



Town of Barnstable Conservation Commission

Form E

230 South Street
Hyannis Massachusetts 02601

Office: 508-862-4093 E-mail: conservation@town.barnstable.ma.us FAX: 508-778-2412

Extension Permit Request

SE3- _____ OOC expiration date: _____ Applicant Name: _____

Project Location _____ Map: _____ Parcel: _____

1. Why is extension being requested? _____

2. What parts of project are completed? _____

3. What parts of project are not completed? Include estimated completion date.

4. Are completed parts of project in compliance with the approved plan and Order of Conditions ? _____

5. Have special conditions been met to date? E.g. Forms A & B, photographs of undisturbed buffer, certified foundation plan? _____

6. How long is extension request for? _____
7. Are sediment controls in effective condition? _____
8. Have any previous Extension Permits been issued for this project? When?

Representative's Signature

Date

Please submit this form, a cover letter, and a \$ 125 check made payable to the Town of Barnstable. Also, prepare an additional eight collated sets for distribution to the commissioners.