

EXTENSION OF COMPLETION DATE
For INCOMPLETE SITE IMPROVEMENTS (Draft 10/07)

Please check the appropriate box:

- Subdivision Site Plan

APPLICANT / CONTACT: Name: _____

Address: _____

Telephone Number: _____ Fax: _____

PROJECT INFORMATION: Street Address: _____

Assessors' Map: _____ Lot(s): _____

DATE OF APPROVAL: _____ **DATE OF LAST REVISION:** _____

HISTORY OF COMPLETION DATES

Initial Date of Completion: _____

1st Date of Extension: _____

2nd Date of Extension: _____

HISTORY OF PERFORMANCE GUARANTEES:

Date of Establishment: _____ Original Amount: _____

1st date of Reduction: _____ Reduced Amount: _____

2nd date of Reduction: _____ Reduced Amount: _____

3rd date of Reduction: _____ Reduced Amount: _____

EXPLANATION: (please provide a written explanation as to the reason for the extension)

INCOMPLETE SITE IMPROVEMENTS: Please complete and attach the checklist below.

SUBMITTAL REQUIREMENTS: Check the appropriate boxes:

10 copies of this application and all other supporting documentation

10 copies of the incomplete site improvement checklist

For Department Use Only:

Date Received: _____

Reviewed by: _____

