



**TOWN OF WAKEFIELD
PLANNING BOARD**
2 High Street, Sanbornville NH 03872
Phone: (603)522-6205 Ext. 312
Fax: (603)522-2295

(For Office Use Only)

Date Rec'd: _____ By: _____
Tax Map: _____ Lot: _____

FEES:
Application Fee: \$200
Public Notice: \$125 per submission
Abutters: _____ @ \$* each _____
*per current U.S. Postal Service rates
Other: _____
Total received: _____ check# _____

REQUEST FOR EXTENSION TO MEET PRECEDENT CONDITIONS

Name of Applicant: _____ Date: _____

Project Name: _____ Map/Lot: _____

Date of original Planning Board approval: _____

Present deadline date to meet precedent conditions: _____

New deadline date requested: _____

How many extensions have already been granted on this project? _____

Conditions remaining to be met: _____

Reason(s) for request/comments: _____

Signature of Applicant/Agent: _____

----- **Planning Board Use Only** -----

Request Granted: _____ Request Denied: _____ New Date: _____

Signature: _____ Date: _____