

**APPLICATION for AN EXTENSION OF
COMPLETION DATE FOR INCOMPLETE SITE IMPROVEMENTS**

APPLICANT/CONTACT: Name: _____
Address: _____
Telephone Number: _____
E-mail: _____

PROJECT LOCATION: Name of Subdivision: _____
Street Address: _____
Assessors' Map: _____ Lot(s): _____

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

HISTORY OF PERFORMANCE GUARANTEE:

Date of Establishment: _____ Original Amount: _____ Completion Date: _____ Expiration Date: _____
1st date of Reduction: _____ Reduced Amount: _____ Completion Date: _____ Expiration Date: _____
2nd date of Reduction: _____ Reduced Amount: _____ Completion Date: _____ Expiration Date: _____
3rd date of Reduction: _____ Reduced Amount: _____ Completion Date: _____ Expiration Date: _____

SUBMITTAL REQUIREMENTS: *Please complete the checklist:*

- 1 Application fee made payable by check to the Town of Danvers.
- 1 Completed application and any support documents.
- 1 Project narrative describing work completed to date and remaining work to be completed with a timeline.
- Electronic PDF format of all plans, elevations, and applicable reports/studies.
(Can be submitted on flash drive or emailed to jmorris@danversma.gov)

Signature of Applicant / Agent: _____ **Date:** _____

1st = \$50.00
2nd = \$500.00
3rd = \$1,000.00

For Department Use Only:
Date of Planning Board Hearing: _____