APPLICATION for AN EXTENSION OF COMPLETION DATE FOR INCOMPLETE SITE IMPROVEMENTS

Please check the appropriate box:
___Subdivision ___Site Plan

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 CD or emailed to dfields@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: _____