

CITY OF LACONIA
PLANNING & ZONING BOARD
EXTENSION REQUEST FORM
www.city.laconia.nh.us
Fee: _____ Ck# _____



PROJECT NAME (if applicable) 23/33 Summit Subdivision
STREET ADDRESS 23 Summit Ave
(must include 911 address if assigned)

Receipt Stamp
RECEIVED
MAR 09 2022
Planning/Zoning
City of Laconia

PARTIES INVOLVED - Those listed below will receive Planner Reviews and Notices of Action by the Board.

APPLICANT/OWNER Todd Kohlski
ADDRESS 23 Summit Ave
Laconia, NH 03246

PHONE 617-233-9189
FAX 617-870-3420
E-MAIL Todd.M.Kohlski@ml.com

AGENT _____
ADDRESS _____

PHONE _____
FAX _____
E-MAIL _____

PROPERTY INFORMATION

Map _____ Street _____ Lot _____
Map _____ Street _____ Lot _____

Zoning District(s) _____
Application # _____

Current Dates:
Plan Revisions: _____
Site Improvement Security: _____
Mylar, final plans: _____
Completion: 4/5/22

Requested Dates:
Plan revisions: _____
Site Security: _____
Mylar, final Plans: _____
Completion: 10/4/22

Reason for Request

We just recieved subdivision approval from DES, but
because of ground conditions we are unable to have
heavy equipment on street to connect water and have not
gotten a date yet from surveyor for monumentation
This should be done as soon as ground conditions
improve so with in the next 2 months



Property Owner's Signature
3/9/22

Date

Agent's Signature

Date