



CITY OF LACONIA PLANNING BOARD
EXTENSION REQUEST FORM
www.city.laconia.nh.us

Fee: _____ C\YW# _____

PROJECT NAME (if applicable) - _____

STREET ADDRESS- _____

(must include 911 address if assigned)

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

Receipt Stamp

Add'l Party # _____
ADDRESS _____

PHONE _____
FAX _____
EMAIL _____

Address _____
ADDRESS _____

PHONE _____
FAX _____
EMAIL _____

PROPERTY INFORMATION

Map _____ Street _____ Lot _____

Zoning District(s) _____

Map _____ Street _____ Lot _____

Application # _____

Current Dates:

Plan Revisions: _____

Site Improvement Security: _____

Mylar, final plans: _____

Completion: _____

Requested Dates:

Plan revisions: _____

Site Security: _____

Mylar, final Plans: _____

Completion: _____

Reason for Request

Property Owner's Signature

Agent's Signature

Date

Date