

TRAILER APPLICATION FOR EXTENSION OF TIME



TOWN OF HALIFAX

NAME OF PROPERTY OWNER _____

PROPERTY ADDRESS _____

REASON FOR EXTENSION _____

LENGTH OF EXTENSION _____

SIGNATURE OF APPLICANT _____

*Please provide schematic showing the overall lot, all structures and location of the trailer and a copy of the temporary permit issued by the Building Inspector

THE APPLICANT IS RESPONSIBLE FOR THE FOLLOWING:

- 1) **PAYMENT OF THE COST OF OBTAINING A LIST OF ABUTTERS FROM THE BOARD OF ASSESSORS (\$25)**
- 2) **PAYMENT OF THE COST OF SENDING THE NOTICE OF THE HEARING TO ALL ABUTTERS BY CERTIFIED MAIL (ABOUT \$6 PER ABUTTER)**

**RETURN TO THE SELECTMEN'S OFFICE
499 PLYMOUTH STREET, HALIFAX, MA 02338
OR FAX 781-294-7684**