

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**