

APPLICATION FOR EXTENSION OF DECISION

TOWN OF LINCOLN - ZONING BOARD OF REVIEW

Date: _____ Application No. _____ District: _____

The undersigned hereby applies to the Zoning board of Review for an extension, as described and allowed in the provisions of the Zoning Ordinance.

Applicant: _____ Address: _____

Site: Street Address: _____

Assessor's Plat No. _____ Lot No. _____

Owner of site: _____ Address: _____

Lessee: _____ Address: _____

Zoning designation of site: _____

Type of decision granted: Dimensional Variance, Use Variance, Special Use Permit, Appeal

Will you be represented by legal counsel? Yes / No

If so, please provide names, addresses and phone number for notification purposes: _____

Give lot numbers, names, and mailing addresses of property owners within 200 feet of the lot lines. Applicant is responsible for costs of mailing notification to these owners and to necessary state agencies:

Lot No.	Name	No.	Street	Town (City), State, Zip

Date of Original Decision: _____

Conditions of Decision: _____

Cite Authorization in Ordinance for granting this Decision: _____

State the reason for requesting this Extension: _____

Print applicant name: _____ Phone # _____

Signature of applicant: _____

Print owner name: _____ Phone # _____

Signature of owner (if different from applicant): _____

NOTE

Filing fee is \$50.