



# Town of Barnstable

## Board of Health

200 Main Street, Hyannis MA 02601

DATE: \_\_\_\_\_

REC. BY: \_\_\_\_\_

SCHED. DATE: \_\_\_\_\_

### SEWER EXTENSION REQUEST

#### LOCATION

Property Address: \_\_\_\_\_ Assessor's Map and Parcel Number: \_\_\_\_\_

#### APPLICANT'S NAME: \_\_\_\_\_

Phone \_\_\_\_\_

Did the owner of the property authorize you to represent him or her? Yes \_\_\_\_\_ No \_\_\_\_\_

#### PROPERTY OWNER'S NAME

#### CONTACT PERSON

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

#### REASON FOR EXTENSION REQUEST: (May attach separate sheet if more space needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### AMOUNT OF ADDITIONAL TIME REQUESTED (e.g. 12 months): \_\_\_\_\_

[Note: This form is to be used for extension requests only. If an extension is not being requested and a variance is being sought instead, each applicant for a variance is required to complete a variance request form.]

**The property owner should provide supporting documentation (examples: written information from a licensed sewer contractor, copy of a signed sewer connection contract with connection schedule, verification of loan application).**

**Please Attach All Supporting Documentation**

Office Use Only:

**BOARD OF HEALTH DECISION/HEARING RESULT**

EXTENSION APPROVED \_\_\_\_\_

NOT APPROVED \_\_\_\_\_