



TOWN OF SEEKONK CONSERVATION COMMISSION
REQUEST FOR EXTENSION PERMIT
MASSACHUSETTS WETLANDS PROTECTION ACT M.G.L. Ch. 131,
§40 THE SEEKONK WETLANDS PROTECTION BYLAW

Applicant _____

Property Owner: _____

Mailing Address _____

Mailing Address _____

City/Town _____

City/Town _____

State _____ Zip Code _____

State _____ Zip Code _____

Day-time Phone Number _____

Day-time Phone Number _____

2. This request for an Extension Permit is in reference to work regulated by a final Order of Conditions issued to:

Applicant _____

Order of Conditions dated: *(date Order was mailed or hand delivered)* **SE 69-** DEP File Number _____

3. The project site is located at:

Street Address _____ City/Town _____

Map/Plat Number(s) _____ Lot Number(s) _____

4. The final Order of Conditions was recorded at the Registry of Deeds as required by Conditions 8 on:

(Date): _____ in Book# _____ Page # _____ Certificate _____
(if registered land): _____

5. Has any part of the project approved by the final Order of conditions begun? Yes No

If yes, attach a written statement stating what portion of the project has not been completed and the expected time of completion.

Submit this completed form with a check or money order payable to the Town of Seekonk, 100 Peck Street, Seekonk, MA 02771, at least thirty (30) days prior to the expiration date of the final Order of Conditions. (See the attached schedule for the required fee) Non-compliance with the Order of Conditions may result in a denial of an Extension Permit and/or Enforcement Action by the Commission. Fees are non-refundable.