



TOWN OF BOURNE

Planning Board



APPLICATION FOR EXTENSION OF A SPECIAL PERMIT

(PLEASE PRINT OR TYPE THIS FORM)

Permit # _____

To: Bourne Planning Board
Bourne, MA 02532

Date: _____

1. Name of Applicant: _____ Phone: _____

Address: _____ Email: _____

2. Owner (if different)*: _____ Phone: _____

**Attach written authorization signed by owner or proof of site control*

3. The premises affected is at (address): _____

ZONING DISTRICT: _____ MAP: _____ PARCEL: _____

4. Length of extension requested: _____

5. Reason for extension: _____

6. Date of Original Decision and any other granted extensions: _____

6a. Recording information: Date _____ Book _____ Page _____

7. Generally state or attach information necessary for the Planning Board to make a determination for your request:

8. Attachments:

Originally Approved Site Plan: _____

Originally Approved Ground floor and/or architectural elevations: _____

Certified List of Abutters (2 Copies): _____

9. Signature of Applicant or Authorized Representative: _____

Date: _____