



Town of Barnstable

Health Division

200 Main Street, Hyannis MA 02601

DATE: _____

REC. BY: _____

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, letter from the DPW in support of the request, copy of a signed sewer connection contract with connection schedule, verification of loan application).

Please Attach All Supporting Documentation
