TOWN OF LYNDEBOROUGH
Office of the Selectmen
9 Citizens' Hall Road • Lyndeborough, NH 03082
Phone (603) 654-5955 • Fax (603) 654-5777

Building Permit Extension Request

MAP/LOT: ____-_____-_____

Property Owner: _____Property Address: _____

Phone/Email: _____Permit Number: _____

Original Permit Expiration Date: _____Extension Requested Until: _____

Reason for Request

Please explain the circumstances that have prevented completion of the project and why an extension should be granted. Attach additional pages if needed.

Project Status

Approximate % Complete: _____%

Work Completed: _____

Work Remaining: _____

Owner Certification

I certify that the information provided is accurate and that work has proceeded in good faith under the issued permit. I respectfully request an extension of the above-referenced building permit.

Owner Signature: _____ Date: _____

Town Use Only

Approved: ☐ Yes ☐ No

New Expiration Date: _____

Comments: _____

Building Inspector: _____ Date: _____