Town of Monterey Conservation Commission

Scenic Mountain Act (SMA) Form F – Extension Request Form

MGL c. 131 §39A

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| **SMA Original NOI Filing number (assigned by the town)**: |  |
| **Date Received:** |  |
| **OOC extended until (Office use only):** |  |

This application is to be used for projects with activities that take place in areas above 457.2 meters (1,500 feet) in elevation and/or all activities that take place in a mapped region that have a slope greater than 15%, as delineated on the map as adopted by the Town of Monterey.

This request is for an Extension Permit for a SMA Order of Conditions issued on: Click here to enter text.

**Section A. Applicant/Representative**

1. **Name**: Click here to enter text.
2. **Mailing Address**: Click here to enter text.
3. **City/Town, State and Zip**: Click here to enter text.
4. **Phone and email address**: Click here to enter text.

**Section B. Homeowner/Property Owner (if different than applicant)**

1. **Name**: Click here to enter text.
2. **Mailing Address**: Click here to enter text.
3. **City/Town, State and Zip**: Click here to enter text.
4. **Phone and email address**: Click here to enter text.

**Section C. Project Location and Information**

**Project Address**: Click here to enter text. **Assessor’s Map & Lot #**: Click here to enter text.

**Date Notice of Intent Filed:** Click here to enter text.

**Date Order of Conditions was issued**: Click here to enter text.

**Date of last extension if applicable:** Click here to enter text.

**Final approved plans and other documents (attach additional plan or document references as needed)**: Click here to enter text.

**Project Description:** Click here to enter text.

**Southern Berkshire Registry of Deeds Book and Page #**: Click here to enter text.

**Section E. Signature**

I certify under the pains and penalties of perjury that the documents, plans and supporting data submitted with this request are true and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name:**  Click here to enter text.

**Date:** Click here to enter text.