



REQUEST FOR CONTINUANCE or WITHDRAWAL

Continuance

Withdrawal

TYPE OF APPLICATION

Rezoning

Special Permit

Site Plan/Design Review

Project Name			
Applicant/Agent Name		Email or Phone	
Date of initial application		Date of 1st public hearing	
Hearing Date		Requested Rescheduled Date	
Reason for request			

Submitted by Applicant or Agent

Signature: _____

Date: _____

Received by Planning Board or Designee

Name: _____ Signature: _____ Date: _____

Planning Board Approval

Continued

Withdrawn without prejudice

Withdrawn with prejudice

Date of vote: _____

