



Village of North Haven  
335 Ferry Road  
Sag Harbor, New York 11963  
Ph: 631-725-1378 Fax: 631-725-1120  
[planningclerk@northhavenvillage.org](mailto:planningclerk@northhavenvillage.org)

**REQUEST FOR EXTENSION OF TIME  
TO MEET CONDITIONS OF APPROVAL**

**INSTRUCTIONS:** Complete this form and submit to the Planning Board with the required fee. The Board reserves the right to request additional information if necessary, to properly evaluate this request. If additional information is required, you will be notified in writing. A \$250.00 application fee, payable to the Village of North Haven, is required after the first two 6-month extensions from the date of expiration, with an additional \$250.00 for each extension request thereafter.

**Note:** It is expected that conditions be satisfied in an expeditious manner. The granting of a time extension by the Planning Board is discretionary. Fees are non-refundable.

**DATE:** \_\_\_\_\_

**TYPE OF APPLICATION:**

- \_\_\_\_\_ Site Plan: New Construction
- \_\_\_\_\_ Site Plan: Accessory Structure/Addition
- \_\_\_\_\_ Minor Subdivision
- \_\_\_\_\_ Revetment

**APPROVAL INFORMATION:**

Suffolk County Tax Map #: 901- \_\_\_\_\_

Street Address: \_\_\_\_\_

Original Approval Date: \_\_\_\_\_ Last Expiration Date: \_\_\_\_\_

Current Owner of Record: \_\_\_\_\_

**CONTACT INFORMATION:** (Where all correspondence is to be sent)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**EXPLANATION FOR FAILURE TO MEET CONDITION(S) OF APPROVAL WITHIN SPECIFIED PERIOD OF TIME:**

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**ANTICIPATED DATE OF COMPLETION:** \_\_\_\_\_

**AUTHORIZATION:**

I, **the owner**, hereby authorize the Building Department, the Planning Board, and the Village’s Environmental Consultant to enter the subject parcel to review the pending extension of time request. Village employees are also authorized to enter the premises to ascertain compliance with zoning and other building laws, regulations and ordinances.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGEMENT**

STATE OF \_\_\_\_\_ )

ss:

COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to this instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed this instrument.

\_\_\_\_\_  
Notary Public