310 CMR 10.99

Form 7

Commonwealth
of Massachusetts

Extension Permit
Massachusetts Wetlands Protection Act
G.L. c. 131, §40

From: _____Seekonk Conservation Commission_____ Issuing Authority

131 Claremont Avenue
To: ___Ricardo & Theresa Reyes___ ___Babylon, NY 11703___
(Name)   (Address)

The Order of Conditions (or Extension Permit) issued on ___September 26, 1991___ (date)
to ___Ricardo & Theresa Reyes___ (name) for work at _Plat 25, Lot 274_
___Brown Avenue___ (address) is hereby extended for a period of ___1___ year(s) from the
date it expires.

This Extension Permit will expire on ___September 26, 1993___ (date)

This document shall be recorded in accordance with General Condition 8 of the Order of Conditions.

....
(Leave Space Blank)

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Effective 11/10/89

Issued by _____ Seekonk Conservation Commission _____

Signature(s) _____

_____

_____

_____

When issued by the Conservation Commission this Extension Permit must be signed by a majority of its members.

On this ___28th___ day of ___September___ 19 ___92___, before me personally appeared ___Albert J Fay___, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

_____ Alice L. Rezendes _____   My Commission Expires Feb. 21, 1997

Notary Public   Alice L. Rezendes   My commission expires

Detach on dotted line and submit to the _____ Conservation Commission _____ prior to commencement of work.

Seekonk, Massachusetts 02771

To _____

_____ Issuing Authority

Please be advised that the Extension Permit to the Order of Conditions for the project at _____

File Number _____ has been recorded at the Registry of _____ and

has been noted in the chain of title of the affected property in accordance with General Condition 8 of the original order of conditions on

_____ 19 _____ if recorded land, the instrument number which identifies this transaction is

_____ if registered land, the document number which identifies this transaction is _____

Signature _____

_____ Applicant

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