



# DEKALB COUNTY CODE COMPLIANCE

## REQUEST FOR EXTENSION OF TIME

LOCATION OF VIOLATION: \_\_\_\_\_

RESPONSIBLE PARTY: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Owner \_\_\_\_\_ Occupant \_\_\_\_\_ Agent \_\_\_\_\_ Contractor \_\_\_\_\_

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

### VIOLATIONS

SECTION NO.	DESCRIPTION	PROPOSED COMPLIANCE DATE	COMMENTS

REASON FOR EXTENSION AND WHAT ACTIONS WILL YOU PERFORM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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FOR OFFICE USE ONLY

( ) APPROVED ( ) NOT APPROVED

AUTHORIZED SIGNATURE: \_\_\_\_\_

EXTENSION EXPIRES: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

ASSIGNED OFFICER: \_\_\_\_\_

*Please provide requestor with a copy, and place copy in file*