

Today's Date: _____

Scheduled Hearing Date: _____

**CODE ENFORCEMENT
REQUEST FOR EXTENSION OF TIME
CITY OF CORAL SPRINGS**

Case No.: _____

INSTRUCTIONS: Please fill out all pages of this form. This form should be completed prior to the compliance date designated in the Final Order. Be specific when writing your statement. This is the basis for your request. Please return this form to the Secretary of the Code Enforcement Division. The request will then be presented to the Special Magistrate at the next scheduled hearing. If you have any questions, please call the Division Secretary at (954) 344-5964.

Property Owner's Name: _____

Property Owner's Address: _____

Property Address: _____

Daytime Phone Number: _____

Evening Phone Number: _____

E-mail Address: _____

Name and address of person completing request: *If different from above:*

Phone Number: _____

Relationship to Owner: _____

Case No.: _____

The Special Magistrate may grant an Extension of Time for compliance and after consideration of criteria which includes, but is not limited to, the following:

1. Action taken to correct the Violation since the Original Hearing;
2. An extraordinary hardship exists warranting consideration and/or;
3. The gravity of the Violation.

Your request will be presented to the Special Magistrate at the next regularly scheduled hearing.

The Petitioner(s) may present evidence to the Special Magistrate at the hearing. Should the Petitioner not be present, the decision of the Special Magistrate shall be based upon this Request for Extension. In addition, the Petitioner's fine, if still accruing, will be stayed from the time her or she made the request for an extension, ***however, the fine accrued prior to the request shall remain in full force and effect.***

If the Special Magistrate denies the request, the entire fine shall be in full force and effect.

(This space intentionally left blank)

Case No.: _____

Signature

State of Florida
County of Broward

The foregoing instrument was acknowledged before me, the undersigned
notary public this _____ day of _____, 20 _____,
by _____.

(Name of person acknowledging)

Notary Public, State of Florida

NOTARY PUBLIC SEAL
OF OFFICE

Printed, typed or stamped name of
Notary Public exactly as Commissioned

- Personally known to me, or
- Produced identification:

(Type of identification produced)

FOR OFFICIAL USE ONLY

DATE OF ORIGINAL HEARING: _____