

Today's Date: \_\_\_\_\_

Scheduled Hearing Date: _____
----------------------------------

**FIRE INSPECTION  
REQUEST FOR EXTENSION OF TIME  
CITY OF CORAL SPRINGS**

Case No.: \_\_\_\_\_

Inspector: \_\_\_\_\_

**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 Fire Inspection 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) 346-1396.

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: \_\_\_\_\_

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)



\_\_\_\_\_  
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)

<p><b>FOR OFFICIAL USE ONLY</b></p> <p>DATE OF ORIGINAL HEARING: _____</p>
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