



TIME REQUEST FOR HEARING DATE

TODAY'S DATE:	HEARING DATE:
CASE #:	INSPECTOR:
PROPERTY ADDRESS:	
I AM SEEKING A: <input type="checkbox"/> CONTINUANCE <input type="checkbox"/> EXTENSION	
AMOUNT OF TIME REQUESTING: <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 60 DAYS <input type="checkbox"/> 90 DAYS <input type="checkbox"/> OTHER: _____	
REASON FOR REQUEST (INCLUDE PERMIT NUMBER IF APPLICABLE): <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
SIGNATURE: _____ PRINT NAME: _____ PHONE: _____ EMAIL: _____	RELATION TO PROPERTY (CHECK ONE): <input type="checkbox"/> OWNER <input type="checkbox"/> REPRESENTATIVE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER: _____