

**CODE ENFORCEMENT OFFICE**

645A Pine St, PO Box 849
Burlington, VT 05402-0849

VOICE (802) 863-0442

FAX: (802) 652-4221

EXTENSION REQUEST FORM

Person Requesting Extension: _____

Property Address: _____

Inspection Number: _____ Daytime Telephone No.: (____) ____ - ____

Inspector Name: _____ Inspection Date: _____

Complete the following for each item for which the extension is requested.

Note: Please make copies if extension is needed for additional items:

Item No. in Inspection Report: _____

Detailed Reason Extension is Needed: _____

Plan for Compliance: _____

Extended Compliance Date Requested: _____

Signature of Applicant: _____ Date: _____