



Extension Request Form

Please Print

To: The City of University Heights
Building Department

Inspector: _____

From: _____

Address: _____

Daytime Telephone Number: _____

An extension of time is requested to correct the following violation(s): _____

My reason for requiring an extension of time:

Proposed Compliance Date: _____

(Month, Day, Year)

I understand that extensions are granted based upon progress made and that all requests are subject to the Building Commissioner's approval.

Owner's Signature

Date

Mailing Address

Building Department
City Of University Heights
2300 Warrensville Center Rd
University Heights, Oh 44118

Phone Number: (216)932-7800