



REQUEST FOR EXTENSION OF TIME

CODE COMPLIANCE SPECIAL MAGISTRATE

CASE NO: _____

This Application must be submitted PRIOR to the Compliance Date specified on the final Order Finding Violation issued by the Special Magistrate.

INSTRUCTIONS: ALL INFORMATION MUST BE SUPPLIED TO THE TOWN TOGETHER WITH THIS APPLICATION FORM IN ORDER FOR YOUR APPLICATION TO BE PROCESSED. IF ANY INFORMATION IS MISSING, YOUR APPLICATION MAY BE RETURNED TO YOU FOR COMPLETION, AND YOUR REQUEST WILL NOT BE HEARD BY THE TOWN'S SPECIAL MAGISTRATE UNTIL A COMPLETED APPLICATION IS RECEIVED. Only one (1) request for an extension of time per case is allowed. Proof of extenuating and/or mitigating circumstances which have prevented the Respondent from correcting the violation(s) and complying with the requirements of the final Order Finding Violation by the compliance date must be submitted together with this completed Application form.

ALL ADMINISTRATIVE FEES ASSESSED AGAINST THE RESPONDENT IN THE FINAL ORDER FINDING VIOLATION OF THE SPECIAL MAGISTRATE MUST HAVE BEEN PAID IN FULL TO THE TOWN BEFORE AN APPLICATION WILL BE ACCEPTED BY THE TOWN

Please answer all questions on this form completely. Be specific and use additional pages if necessary. Return this Application form and the \$100.00 Application fee, to the Department of Community Development, Code Compliance Division of the Town of Lake Park, located in the Lake Park Town Hall at 535 Park Avenue, Lake Park, FL 33403. After the completed form is reviewed by Town Staff for technical sufficiency and completeness, the Application shall be forwarded to the Special Magistrate if complete, or returned to the Applicant if the Application is deemed incomplete and insufficient. The request will be presented to the Special Magistrate at the next regularly scheduled Hearing at which you may be present. You will be notified in writing of the Special Magistrate's decision on your request within ten (10) business days after the Hearing. If you have any questions concerning this Request For Extension of Time, please contact the Code Compliance Office at (561) 881-3321.

Property Address of Violation(s): _____

Applicant or Respondent's Name: _____

Property Owner's Name (if different from Applicant/Respondent):

If Respondent is not the property owner, state the relationship of the Respondent to the property owner: _____

Telephone number where you can be reached during the day: _____

Attorney/Agent's Name: _____

Attorney/Agent's Phone and Facsimile Numbers: _____

Amount of time you are requesting to correct violations and achieve full compliance:

Compliance date that was specified in the Final Order of the Special Magistrate:

Are you claiming a financial hardship? Yes: _____ No: _____

If yes, attach supporting documentation (i.e., proof of income, loss of income, etc.)

Are you claiming a medical hardship? Yes: _____ No: _____

If yes, attach supporting documentation (i.e., a physician's statement or report, worker's compensation and/or disability records.)

If the property owner or Respondent is unable to complete this form, print the name of the person who is authorized to act as the agent or attorney for the property owner or the Respondent: _____

State the relationship of the Agent to the property owner and/or Respondent:

SWORN JUSTIFICATION STATEMENT OF APPLICANT
MADE UNDER THE PENALTY OF PERJURY:

By completing this Application, I am making the foregoing statements under oath and under the penalty of perjury. The failure to be honest and truthful in completing the answers on this Application, is a violation of Florida statutory law pertaining to perjury, which is a felony punishable by up to 15 years in prison. I further understand and agree that I will not be given an opportunity to address the Special Magistrate concerning this Request other than to answer any direct questions that may be posed to me by the Special Magistrate, and that any such testimony that I may give before the Special Magistrate shall also be under oath and subject to the penalty of perjury as set forth above. Therefore, you must make certain that this Application form sets forth your complete position and your justification to substantiate your Request. PLEASE ATTACH COPIES OF ALL DOCUMENTS TO SUBSTANTIATE ANY FACTUAL CLAIMS AND ALLEGATIONS MADE IN SUPPORT OF YOUR REQUEST, AS WELL AS ANY HARDSHIP CLAIMED.

I, _____, do hereby submit this sworn statement and Request for Extension of Time to bring the subject property into compliance, and in support thereof, I offer the following statement:

Date: _____ Signature: _____

Printed Name: _____

State of: _____

County of: _____

The foregoing instrument was acknowledged before me this ____ day of _____ 201_, by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Signature of Notary Public

OFFICIAL SEAL:

Printed Name of Notary Public