



Bradley D. Sellers  
Mayor

# City of Warrensville Heights

Building Department  
19700 Miles Road  
Warrensville Heights, Ohio 44128  
(216) 587-1230  
Fax (216) 587-1257

Benjamin W. Brown  
Building Commissioner

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## Application Requesting Time Extension to Correct Violations

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*Application is hereby submitted for an extension to the time given to correct the violation existing at the property addressed below.*

Date: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ SSN/(Or last four digits) \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Address of Property: \_\_\_\_\_

Name of person applying for the extension: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of person applying for the extension: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Name of Occupant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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How much additional time requesting? Additional time: \_\_\_\_\_ days, Time given by City \_\_\_\_\_ days

Are you presently seeking public assistance to help correct the violations?  yes  no.

Are you familiar with any public assistance that may be available to you?  Yes  No If yes, what is the name, address, & phone number of the agency or organization? \_\_\_\_\_

Address of Agency or Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Note:** *This application will not be honored if not filled out completely*

**Please attach a copy of the violations and return this form to the Building Department, 19700 Miles Road**

Application Approved for \_\_\_\_\_ additional days  Application Disapproved  Comments attached

**Inspector Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

