



City of Maupin
 507 Grant Ave.
 PO Box 308
 Maupin, Oregon 97037

Community Development
 541-395-2698
 cityofmaupin.org
 communityliaison@cityofmaupin.org

COMPLIANCE DATE EXTENSION REQUEST

Thank you for contacting the City of Maupin. Use this form to notify the City that you have corrected Noticed violation(s), request a compliance date extension, and/or request a Voluntary Compliance Agreement (VCA). Please complete all required fields (*). A request for additional time to correct code violation(s) should be made at least five (5) days prior to Notice deadline. An extension may be granted if it appears that reasonable efforts have been or are being made to correct violations or if good reason exists to extend the compliance date due to uncontrollable circumstances.

In the absence of a signed time extension by the City, complete compliance is required by the Notice deadline.

FIRST NAME*	LAST NAME*
MAILING ADDRESS*	CITY/STATE/ZIP*
SITE ADDRESS (IF DIFFERENT THAN MAILING)	CITY/STATE/ZIP
PRIMARY PHONE*	ALTERNATE PHONE (OPTIONAL)
EMAIL (OPTIONAL)	COMPLIANCE CASE #*

VIOLATION STATUS

THE FOLLOWING CODE VIOLATION(S) HAS/HAVE BEEN CORRECTED:

VIOLATION: _____	<input type="checkbox"/> CORRECTED (DATE): _____	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> REQUEST VCA
VIOLATION: _____	<input type="checkbox"/> CORRECTED (DATE): _____	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> REQUEST VCA
VIOLATION: _____	<input type="checkbox"/> CORRECTED (DATE): _____	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> REQUEST VCA

I AM REQUESTING A COMPLIANCE DATE EXTENSION TO CORRECT VIOLATION(S) ON MY PROPERTY.
(Requests for more than seven (7) days extension require the signing of a Voluntary Compliance Agreement.)

VIOLATION: _____	<input type="checkbox"/> 7 DAYS	<input type="checkbox"/> 15 DAYS	<input type="checkbox"/> 30 DAYS	OTHER: _____
REASON FOR EXTENSION: _____				
VIOLATION: _____	<input type="checkbox"/> 7 DAYS	<input type="checkbox"/> 15 DAYS	<input type="checkbox"/> 30 DAYS	OTHER: _____
REASON FOR EXTENSION: _____				
VIOLATION: _____	<input type="checkbox"/> 7 DAYS	<input type="checkbox"/> 15 DAYS	<input type="checkbox"/> 30 DAYS	OTHER: _____
REASON FOR EXTENSION: _____				

SIGNATURE

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED ON AND WITH THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:* _____ **DATE:*** _____

FOR OFFICE USE ONLY	DATE RECEIVED	APPROVED BY
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