



**Code Compliance Division C234**

600 West Blue Heron Blvd.

Riviera Beach, FL 33404

[www.rivierabeach.org](http://www.rivierabeach.org)

Office:561-882-3505

Monday- Friday: 8:00 AM - 5:00 PM

Saturday-Sunday: 7:00 AM -3:30 PM

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**City of Riviera Beach Code Compliance**  
**Notice of Violation Extension Request**

Extension request for Notice of Violation may be approved by staff only if the applicant can demonstrate progress towards correcting the violations(s) listed the Notice. The city’s final determination depends on a number of factors, including but are not limited to the following:

- **Financial Constraints:** If sufficient funds are unavailable to complete the required repairs or corrections.
  - **Delays in Permitting or Inspections:** If the processing of permits or required inspections is taking longer than anticipated. **(Please attach permits, or other supporting documents)**
  - **Adverse Weather Conditions:** If unfavorable weather has hindered the completion of the required work.
  - **Personal or Health-Related Challenges:** If unforeseen personal circumstances, have hindered your ability to address the violation.
  - **Severity:** of the violation(s)
  - **Property Owner:** History of previous code violations.
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1. **Code Case #:** \_\_\_\_\_

2. **Property W/Violation:**

a. Street address \_\_\_\_\_

b. City: Riviera Beach State: Florida Zip: \_\_\_\_\_



**Applicant/Property Owner Information**

3. Property Owner Name: \_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Mobile #: \_\_\_\_\_

Email: \_\_\_\_\_

4. Please list the violation(s) you have already corrected below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please list the violation(s) for which you are requesting an extension below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Explain reason(s) for which an extension of time is needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Original Compliance Deadline:**  
\_\_\_\_\_

**Requested Extension Timeframe:**

30 Days:

60 Days:

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Other:  \_\_\_\_\_ (Administrator Approval Required)

Code Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Importance Please Read:** It is the responsibility of the Applicant to contact the Code Compliance Division for a **Re-inspection** when the violations have been Corrected to prevent Fines.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return request by Mail, In-Person, or Email to Code Officer assigned to case:**

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For Staff Purposes Only:

Support:  Deny:

Code Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Code Field Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

New Compliance Date: \_\_\_\_\_