



**TOWN OF LOXAHATCHEE GROVES CODE
COMPLIANCE DIVISION**

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TIME REQUEST FOR HEARING DATE

TODAY'S DATE:		HEARING DATE:	
CASE #:		INSPECTOR:	
PROPERTY ADDRESS:			
I AM SEEKING A: <input type="checkbox"/> CONTINUANCE <input type="checkbox"/> EXTENSION			
AMOUNT OF TIME REQUESTING: <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 60 DAYS <input type="checkbox"/> 90 DAYS <input type="checkbox"/> OTHER: _____			
REASON FOR REQUEST (INCLUDE PERMIT NUMBER IF APPLICABLE): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
SIGNATURE: _____ PRINT NAME: _____ PHONE: _____ EMAIL: _____		RELATION TO PROPERTY (CHECK ONE): <input type="checkbox"/> OWNER <input type="checkbox"/> REPRESENTATIVE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER: _____	