



COMMUNITY DEVELOPMENT
P.O. Box 128, 1525 Broadway
Longview, Washington 98632
(360) 442.5093 FAX (360) 442-5953

VOLUNTARY COMPLIANCE AGREEMENT (VCA)

Compliance Date Extension Request

Use this form to notify the City that you have corrected Noticed violation(s) or to requesting a compliance date extension

The following code violation(s) has/have been corrected:

- Violation 1: [ ] Corrected [ ] In Process [ ] Request VCA
Violation 2: [ ] Corrected [ ] In Process [ ] Request VCA
Violation 3: [ ] Corrected [ ] In Process [ ] Request VCA
Violation 4: [ ] Corrected [ ] In Process [ ] Request VCA
Violation 5: [ ] Corrected [ ] In Process [ ] Request VCA
Violation 6: [ ] Corrected [ ] In Process [ ] Request VCA

I am requesting additional time to correct code violation(s) on my property

(Requests for more than 7 days extension require the signing of a Voluntary Compliance Agreement (VCA))

Violation 1:

Extension request: [ ] 7 days [ ] 15 days [ ] 30 days [ ] Other:
Reason for extension:

Violation 2:

Extension request: [ ] 7 days [ ] 15 days [ ] 30 days [ ] Other:
Reason for extension:

Violation 3:

Extension request: [ ] 7 days [ ] 15 days [ ] 30 days [ ] Other:
Reason for extension:

Violation 4:

Extension request: [ ] 7 days [ ] 15 days [ ] 30 days [ ] Other:
Reason for extension:

This document is only a request for additional time and is not a Voluntary Compliance Agreement. A request for additional time to correct code violation(s) should be made at least five (5) days prior the 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. Those granted an extension will be asked to enter into a Voluntary Compliance Agreement. In the absence of a signed time extension (VCA) by the code official, complete compliance is required by the notice deadline.

NAME:

ADDRESS OF VIOLATION(S):

PHONE NUMBER(S) - Required:

Signed by Property Owner: Date:

Department Director Approval: Date: