



# TOWN OF RIVERHEAD

CODE ENFORCEMENT DIVISION/INVESTIGATION UNIT

200 Howell Ave, Riverhead NY 11901

Office: 631-727-3200 Ext. 670

## CODE COMPLIANCE INSPECTION APPLICATION

All Applications MUST be submitted AT LEAST (14) days prior to your next court date. Failure to do so will result in an untimely inspection process. ALL VIOLATION(S) MUST BE CORRECTED PRIOR TO SCHEDULING A COMPLIANCE INSPECTION.

This form may be left in the box outside of the Code Enforcement Division (if hand delivery is not possible). A receipt will be mailed out to the applicant within (5) days.

DATE: \_\_\_\_\_

VIOLATION ADDRESS: \_\_\_\_\_

NAME OF DEFENDANT: \_\_\_\_\_

(24) Hour Contact #: \_\_\_\_\_ NEXT COURT DATE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

By signing this application I understand:

- I will be contacted within 5 to 10 working days to set up an appointment for an inspection of the premises.
- I voluntarily consent to an inspection and have corrected to the best of my knowledge **ALL** of the violations subject to this request which are pending in the Riverhead Justice Court.
- I understand that inspections will not be completed if the inspector is denied access to any portion of the property subject to the violations pending in Justice Court.
- I understand that there may be additional corrections required by the inspector in conjunction with said inspection.
- (If applicable) I understand I will be required to file any applications with the Town of Riverhead Building Department in conjunction with any violation(s) relating to lack of building permits or certificate of occupancy.
- (If applicable) I will submit a copy of the filed application or a Certificate of Compliance issued by the Building Department relating to my pending charges, to the Town Attorney on my next scheduled court date.
- I understand that failure to meet the compliance inspector may result in fine(s) in court for the pending charges.

DEFENDANT or ATTORNEY SIGNATURE: X \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY**

FORWARDED BY EMAIL DATE: \_\_\_\_\_

ISSUING OFFICER: \_\_\_\_\_ CC#: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_