



SCHEDULE FOR REMEDIAL WORK

PROPERTY INFORMATION

PROPERTY LOCATION:		
OWNER NAME:		
OWNER STREET ADDRESS:		
OWNER CITY:	STATE:	ZIP:
OWNER CELL PHONE:	EMAIL:	
AGENT RESIDING IN BLAIR CO (REQUIRED IF OWNER RESIDES OUTSIDE OF BLAIR CO):		
NAME:		
ADDRESS:		
EMAIL:	CELL PHONE:	

Based upon recent inspections of the above property, it has been determined by the City of Altoona that certain violations of the city code exist with respect to the above premises. In order to grant you a building permit or any other permit or waiver to correct these violations, the city is requesting that you complete and initial the following time table for corrections.

VIOLATIONS

VIOLATION:	
WORK TO BE CONDUCTED:	
TIMEFRAME OR DATE OF COMPLETION:	OWNER INITIALS:
VIOLATION:	
WORK TO BE CONDUCTED:	
TIMEFRAME OR DATE OF COMPLETION:	OWNER INITIALS:
VIOLATION:	
WORK TO BE CONDUCTED:	
TIMEFRAME OR DATE OF COMPLETION:	OWNER INITIALS:
VIOLATION:	
WORK TO BE CONDUCTED:	
TIMEFRAME OR DATE OF COMPLETION:	OWNER INITIALS:

(USE BACK OF SHEET IF NECESSARY)

The City of Altoona places high priority on the timely corrections of the conditions existing at your premises. Failure to perform the necessary work within the deadline stated may result in further enforcement action. By signing below, you indicate your acknowledgement of the existence of the above violations, your responsibility of same, and your agreement to correct them in accordance with the time schedule stated.

OWNER/RESP. PARTY SIGNATURE: _____ **DATE:** _____

CITY OF ALTOONA: _____ **DATE:** _____