



Rental Inspections Dept.  
**REQUEST FOR REPAIR EXTENSION**

City of Muskegon Rental Department  
933 Terrace St, STE 201 Muskegon,  
MI 49440  
(231) 724.6766 or FAX (231) 728.4371  
[Rentals@safebuilt.com](mailto:Rentals@safebuilt.com)

*To ensure compliance with the City of Muskegon Ordinance Section 10-329(4) regarding repair extensions exceeding 30 days.*

**Property Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Certificate Holder Name: \_\_\_\_\_ Certificate Holder Phone: \_\_\_\_\_

Certificate Holder Address: \_\_\_\_\_ Certificate Holder Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Request By:      Owner      Responsible Party

*If request is submitted by Property Management OR Responsible Party on behalf of owner, please fill out below.*

Property Management OR  
Responsible Party: \_\_\_\_\_

PM/RP Address: \_\_\_\_\_

PM/RP Phone: \_\_\_\_\_

Who is requesting the  
extension?: \_\_\_\_\_

PM/RP Email: \_\_\_\_\_

Reason for Certificate Extension (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date work will be completed: \_\_\_\_\_

*I understand my inspections must be requested, completed and approved within the time frame established by the Chief Building Official and the Rental Supervisor.*



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Date of last inspection: \_\_\_\_\_ Has property been certified before? \_\_\_\_\_

Inspector on Property: \_\_\_\_\_ Has there been a previous ext. request? \_\_\_\_\_

Comments by intake staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Rental Supervisor\*\*\***

Rental Supervisor: \_\_\_\_\_ Date Received: \_\_\_\_\_

Rental Supervisor Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved Yes/No ? (comments) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Chief Building Official\*\*\***

Chief Building Official: \_\_\_\_\_ Date Received: \_\_\_\_\_

Approved Yes/No ? (comments) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Repair Request Approval Date:** \_\_\_\_\_