REQUEST FOR TIME EXTENSION APPLICATION

Date: ___________ Registration Number: _______________

Location of Property: ____________________________________________________________
                                                                                       ____________________________________________________________
                                                                                       ____________________________________________________________

Work which has been accomplished: __________________________________________________
                                                                                       __________________________
                                                                                       __________________________
                                                                                       __________________________

Work that remains: __________________________________________________________________
                                                                                       __________________________
                                                                                       __________________________
                                                                                       __________________________

Reason why extension is necessary: __________________________________________________
                                                                                       __________________________
                                                                                       __________________________
                                                                                       __________________________

Date work will be complete: __________________________________________________________________

Pursuant to N.J.A.C. 5:70-2.10(d)2. An application for an extension shall be deemed to be an admission that the Notice of Violation is factually and procedurally correct and that the violations do or did exist.

Date submitted________________________________ Signature of applicant_______________________________

this area office use only

Local ID #: __________ State ID #: __________________________ Date Printed: __________________________

Property: ___________________________________________________________________________

[ ]-Granted [ ]-Denied

New Compliance Date __________________________ Fire Official Signature __________________________