



Bureau of Fire Prevention

OFFICE OF THE FIRE OFFICIAL

Washington Township

PO Box 8176

Turnersville, NJ 08012

(856) 863-4000 – Fax (856) 589-0239

REQUEST FOR TIME EXTENSION APPLICATION

Registration Number _____

Location of Property _____ Date _____

Work which has been accomplish _____

Work that remains _____

Reason why extension is necessary _____

Date work will be completed _____

Pursuant to N.J.A.C. 5:18-2.9 (e) 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.

Signed

Below for Bureau Use

The Bureau of Fire Safety has reviewed your request for an extension of time in which to terminate violation number (s) _____ occurring at the above noted location and the request is hereby:

() GRANTED: The new date by which compliance is ordered is _____.

() DENIED: The time limit originally imposed remains in effect.

Failure to correct violations within the time limits set will result in the imposition of penalties and possibly other enforcement proceedings.

Fire Official _____