



CLEMENTON BUREAU OF FIRE SAFETY
101 Gibbsboro Road
Clementon, NJ 08021
Office: 856-783-0284 Ext 123 Fax: 856-783-3419

REQUEST FOR TIME EXTENSION

NOTE: USE THE TAB BUTTON TO MOVE THE CURSOR

Original Inspection Date ___ / ___ /20___

Business Name: _____

Business Address: _____

Work that has been abated: _____

Work that remains: _____

Reason extension is needed: _____

Date work will be completed: _____

Pursuant to N.J.A.C. 5:70-2.10(d)2., an application for extension of time 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.

The following information **MUST BE COMPLETED IN ORDER TO BE CONSIDERED**, and the information **CAN NOT** be the same as the Business Address or phone number, **UNLESS** the owner lives at the address year round.

Owner's HOME ADDRESS: _____

Owner's HOME CITY, STATE, ZIP: _____

Owner's HOME PHONE NUMBER: _____

Date

Signature of Owner or Agent

Your request for an extension of time to abate violation(s) at the above location is:

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.

Date

John Zuggi, Fire Marshal