

Whippany Fire District No. 2
Bureau of Fire Prevention
440 Route 10
Whippany, NJ 07981
Tel: (973) 887-7340
Fax: (973) 887-4559
www.whippanyfire.com

REQUEST FOR TIME EXTENSION

Registration Number: _____ Original Inspection Date: _____

Business Name: _____	Job ID # _____
Business Address: _____	
Work which has been abated: _____	
Work that Remains: _____	
Reason why extension is necessary: _____	
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:	
<input type="checkbox"/> GRANTED: The new date by which compliance is ordered is: _____	
<input type="checkbox"/> 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	_____ Inspector Signature
Certification Number: _____	

You shall either fax or mail this extension to our office prior to the scheduled abate date to be considered for an extension.