

The Borough of Sayreville
Bureau of Fire Prevention
167 Main Street
Sayreville, NJ 08872
732-390-7009
Fax: 732-390-7458

REQUEST FOR TIME EXTENSION

Registration # _____

Original Inspection Date _____

(Name of Building, Structure, Premise): _____
(Address): _____
(City, State, Zip): _____ (Phone): _____

Owner: The following owner information **MUST BE COMPLETED IN ORDER TO BE CONSIDERED** for a time extension. The information **CANNOT** be the same as the business address of phone number, unless the owner lives at the address year round.

Owner's Information:

(Name) _____
(Address): _____
(Phone) _____

Person Applying for Extension (if different than Owner):

(Name) _____
(Address): _____
(Phone) _____

List Violations that have been abated: _____

List Violations that remain: _____

Reason why additional time 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 Fire Code Violation(s)* is factually and procedurally correct and that the violations do or did exist. **Failure to correct violations within the time limits set will result in the imposition of penalties and possible other enforcement proceedings.**

Signature of Owner or Agent

Date Submitted

OFFICE USE ONLY

Request for 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.

Fire Marshal

Date

Fire Inspector's Signature

Date