



Clinton Township

Bureau of Fire Safety

1225 Route 31 South, Suite 411

Lebanon, New Jersey 08833

P: 908-735-8800 F: 908-735-8156

EXTENSION OF TIME REQUEST

Business Name _____

Business Address: _____

Work which has been abated: #’s _____
(Write the number of the violation(s) from the Notice of Violations)

Work that remains: #’s _____
(Write the number of the violation(s) from the Notice of Violations)

Reason why extension is necessary: _____

Date work will be completed: _____
(Must be an exact date and year)

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 violations do or did exist.

Note: The request for an extension constitutes a waiver of the right to a hearing as to those violations for which the extension is applied.

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 ADDRESS: _____

OWNER’S CITY, STATE, ZIP: _____

OWNER’S PHONE NUMBER: _____

Date Printed name of owner or agent 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.

Comments: _____

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

Date Fire Marshal