



OFFICE OF THE FIRE OFFICIAL CITY OF ABSECON

401 NEW JERSEY AVENUE

ABSECON, NJ 08201

REQUEST FOR TIME EXTENSION APPLICATION

Date: _____ Registration Number: _____

Location of Property: _____

Absecon, NJ 08201

Work which has been accomplished: _____

Work that remains: _____

Reason why extension is necessary: _____

Date work will be complete: _____

Pursuant to N.J.A.C. 5:70-2.10(d)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.

Date submitted

Signature of applicant

this area office use only

Local ID #: _____

State ID : _____

Date Printed: _____

Property: _____

[]-Granted []-Denied

New Compliance Date

Fire Official Signature