Haddon Township

Office of the Fire Marshal

Bureau of Fire Prevention

10 Reeve Avenue • Haddon Township, NJ 08108

Office: 856-854-1176 Ext. #6269/6276 • Fax: 856-854-8773

REQUEST FOR TIME EXTENSION

Registration Number:_____ Original Inspection Date:_____

Business Name _____

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:

[ ] GRANTED: The new date by which compliance is ordered is:_____

[ ] DENIED: The time limit originally imposed remains in effect.

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

_____ _____

Date Fire Official/Inspector Signature

Certification Number: _____

5:71-3.7(b)5.