

**JACKSON TOWNSHIP
BUREAU OF FIRE SAFETY
FIRE DISTRICT No. 1 & 3**

200 KIERYCH MEMORIAL DRIVE • JACKSON, N.J. 08527
Phone: 732-928-1666, x 14 • Fax: 732-928-6500

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:	
<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: _____	