Town of Ellington, CT Department of Town Fire Marshal	**Request for Extension of Abatement Period**

PLEASE USE A SEPARATE REQUEST FOR EACH VIOLATION

Reference No.:
Form.042

Building/Facility Name:		
Building/Facility Address:		Facility Telephone:
Building Owner:	Telephones: Home/Work:	Cell:
Owner Address:		
Applicant Name:	Telephones: Home/Work:	Cell:
Applicant Address:		

I, the above named applicant, being a duly authorized representative for the above noted building/facility, request an extension of time for the completion of corrective action that is necessary to remedy the following cited violation of the Connecticut Fire Safety or Fire Prevention Code adopted pursuant to Connecticut General Statutes Chapter 541.

Referenced Code: ☐Fire SAFETY Code ☐Fire PREVENTION Code	Section No. from Citation:

Description of Violation (from Citation):

I make this request for the following reason(s):

	Period of Additional Time Requested:

Signature of Applicant:	Date:

FOR ELLINGTON FIRE MARSHAL USE ONLY

This request is the: ☐ Initial ☐ Subsequent: (Number: _____) request.

This request is: ☐ **Approved** as Submitted, or ☐ **Approved** as Amended by this Office.

This Extension is valid for _____ additional calendar days, and extends only through _____ .

☐ This request is **Unacceptable** for the following reason(s):

Therefore, the abatement period currently in effect shall remain unchanged.

New Expiration Date:	Authority:	Date: