



**FIRE DEPARTMENT  
BUREAU OF FIRE PREVENTION  
FIRE ALARM INSPECTION UNIT**  
9 METROTECH CENTER, BROOKLYN, N.Y. 11201-3857  
TELEPHONE: (718) 999-2469 FAX: (718) 999-2892



**REQUEST FOR EXTENSION OF VIOLATION ORDER OR LETTER OF DEFECT**

*Submit request and fee (\$200.00) to Window No.8 at least 15 days before the deadline. Must be typewritten.*

<b>1</b>	<b>LOCATION INFORMATION:</b>
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HOUSE NO: \_\_\_\_\_ STREET NAME: \_\_\_\_\_ BOROUGH: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

<b>2</b>	<b>INSPECTION INFORMATION :</b>
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INSPECTION DATE: \_\_\_\_\_ LETTER OF DEFECT No.: \_\_\_\_\_ VIOLATION ORDER No.: \_\_\_\_\_

<b>3</b>	<b>SCOPE OF WORK AS INDICATED ON LETTER OF DEFECT:</b>
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FLOOR(S): \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

<b>4</b>	<b>WORK THAT HAS BEEN COMPLETED AS OF INITIAL INSPECTION DATE:</b>
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DESCRIPTION: \_\_\_\_\_

<b>5</b>	<b>REMAINING WORK TO BE COMPLETED:</b>
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DESCRIPTION: \_\_\_\_\_

<b>6</b>	<b>REASON(S) FOR DELAY:</b>
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<b>7</b>	<b>ESTIMATED DATE OF COMPLETION:</b>
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\_\_\_\_\_ (mm / dd / yyyy)

<b>8</b>	<b>APPLICANT INFO:</b>
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NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

LICENSE No.: \_\_\_\_\_ TELEPHONE No.: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

<b>9</b>	<b>OFFICE USE ONLY:</b>
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FPIMS No.: \_\_\_\_\_ EXTENSION IS HEREBY:

GRANTED LENGTH OF EXTENSION SHALL BE : \_\_\_\_\_ DAYS COMMENCING: \_\_\_\_\_ (MM / DD / YYYY)

DENIED REASON: \_\_\_\_\_

DIRECTOR OF FAIU \_\_\_\_\_ DATE \_\_\_\_\_ (MM / DD / YYYY)

DEPUTY CHIEF INSPECTOR \_\_\_\_\_ (SIGNATURE)