



Façade Inspection and Safety Program (FISP) FISP2: Additional Extension of Time Request

Application must be typewritten

1 Location Information

House No(s) _____ Street Name _____
 Borough _____ Block _____ Lot _____ BIN _____ Control # _____

2 Report Information

Additional Request # 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th ___
 DOB Violation # _____
 Last Inspection Date _____ (mm/dd/yyyy) Initial Filing Date _____ (mm/dd/yyyy)

3 Documentation

- Scope of Work has been reviewed as per current work permit requirements: Check One**
- No Permit is required Shed renewed/DOB approved date _____ (mm/dd/yyyy)
 Copy of shed/fence permit provided
 Scope of work requiring a permit
 Description: _____
- Work that has been completed since the last extension was granted** Dated photographs provided
 Description: _____
- Remaining work to be completed**
 Description: _____
- Reason for delay:** _____
- Estimated Date of Completion:** _____ SS _____ (mm/dd/yyyy)

4 Statement and Signature

§28-211.1 False statements in certificates, forms, written statements applications, reports or certificates of correction. It shall be unlawful for any person to make a material false statement in any certificate, professional certification, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or any rule of any agency promulgated there under such person knew or should have known to be false.

Name (please print) _____ E-Mail _____
 Signature _____ Date _____ (mm/dd/yyyy)

NYS P.E. / R.A. Seal (apply seal, then sign and date over seal)

Internal Use Only

Extension is hereby:

Granted: LENGTH OF EXTENSION SHALL BE _____ DAYS COMMENCING _____ (mm/dd/yyyy)
 Denied: _____

Technical Examiner Name: _____ Signature: _____ Date: _____