

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

REQUEST FOR TIME EXTENSION

APPLICANT:

COUNTY:

DR:

FEMA I. D. No.:

PROJECT WORKSHEET No.:

CATEGORY OF WORK (Check One): A B C D E F G

TYPE OF WORK (Check One): EMERGENCY PERMANENT

ORIGINAL COMPLETION DATE:

NEW COMPLETION DATE:

EXTENSION REQUESTED:

REASON(S) FOR THE DELAY:

Any change in the Scope of Work must have written approval by FEMA

SIGNATURE OF APPLICANT'S AGENT

DATE OF REQUEST

THE ABOVE REQUESTED TIME EXTENSION IS:

- APPROVED.** THE WORK MUST BE COMPLETED BY _____.
- DISAPPROVED AS REQUESTED.** HOWEVER AN ADDITIONAL ___ MONTHS HAVE BEEN GRANTED FOR COMPLETION OF THE WORK. THE WORK MUST BE COMPLETED BY _____.
- DISAPPROVED.** THE WORK MUST BE COMPLETED IN ACCORDANCE WITH THE ORIGINAL COMPLETION DATE OF _____.

COMMONWEALTH PUBLIC ASSISTANCE OFFICER

DATE