



TOWN OF SOUTHOLD – FIRE MARSHAL

Town Hall Annex 54375 Main Road P. O. Box 1179 Southold, NY 11971-0959
Telephone (631) 765-1802 Fax (631) 765-9502 <https://www.southoldtownny.gov>

FIRE PROTECTION SYSTEM PERMIT APPLICATION

Date Received

For Office Use Only

PERMIT NO. _____ Building Inspector: _____

Applications and forms must be filled out in their entirety. Incomplete applications will not be accepted. WORK IS NOT TO BE STARTED prior to the approval of plans and issuance of a permit.

Has a building permit been obtained for this project? Yes No
If yes, building permit # _____

Date: _____

PROJECT INFORMATION:

Project Address: _____ SCTM # 1000- _____

City: _____ Zip: _____

CONTACT PERSON INFORMATION:

Name: _____

Mailing Address: _____

Phone #: _____ Email: _____

Preferred contact method (select one): Phone Email

CONTRACTOR INFORMATION:

Name: _____ Contractor License #: _____

Mailing Address: _____

Phone #: _____ Email: _____

SCOPE OF WORK:

Occupancy Description: Assembly Business Education Factory/Industrial Institutional Mercantile
 Residential Storage

Description of Work: _____

New System Existing System Modification

Sprinkler / Standpipe / Water Supply (Check all that apply)	Fire Alarm / CO Detection Systems (Check all that apply)	Other Fire Protection Systems (Check all that apply)
<input type="checkbox"/> NFPA 13,13D or 13R System <input type="checkbox"/> Standpipe <input type="checkbox"/> Fire Pump Number of sprinkler heads: _____ Floor Area (sq. ft.): _____	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Protected Premises (local) <input type="checkbox"/> Supervising station <input type="checkbox"/> Central Station	<input type="checkbox"/> Smoke Control <input type="checkbox"/> Wet or Dry Chemical / Clean Agent <input type="checkbox"/> Kitchen hood/exhaust <input type="checkbox"/> Other

Check Box After Reading: I, the undersigned, understand that the issuance of a permit for the type which is herein applied for is based on the agreement to conform to all regulations and requirements. I further understand that non-compliance of said requirements, by myself or any officer or employee of the firm or individual listed as the applicant on this form, shall be cause for revocation of said permit. Upon revocation of said permit the applicant or any employee of the applicant shall be prohibited to conduct such work for which this permit was issued. The reissuance of a permit shall be based upon review of the circumstances leading to the revocation. Any false statement(s) made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law

Application Submitted By (print name):

Authorized Agent Owner

Company (if applicable):

Applicant Signature:

Date:

FIRE PROTECTION SYSTEM PERMIT APPLICATION SUBMITAL INSTRUCTIONS

Submit application only after reviewing the requirements for the specific permit for which you are applying (click the applicable link below).

- [FIRE ALARM / CARBON MONOXIDE DETECTION SYSTEM SUBMITTAL GUIDELINES](#)
- [FIRE SPRINKLER SYSTEM SUBMITTAL GUIDELINES](#)
- [FIXED FIRE SUPPRESSION, HOOD & EXHAUST SYSTEMS SUBMITTAL GUIDELINES](#)

FEES

A \$250 permit fee is required for a non-residential permit. A \$50 Certificate of Occupancy fee is required if the project is not part of an existing open building permit. All checks should be made payable to the Town of Southold.

Permits, once issued, shall at all times be kept on the premises designated thereon with a copy of approved drawings and all related documentation required to obtain said permit. Installations subject to final testing, inspection and approval. Arrangements for testing/inspection shall be made by contacting the Town of Southold Building Department (631) 765-1802.

FOR OFFICE USE ONLY

Amount Paid:	Check No.:	FM:
Permit No.:	Date:	Exp. Date: