Town of Southampton
DIVISION OF FIRE PREVENTION
18 Jackson Avenue
Hampton Bays, NY 11946
Telephone: 631-702-2919
Fax: 631-728-3688

CHERYL KRAFT
Chief Fire Marshal

SUPPRESSION SYSTEM INSTALLATION PERMIT APPLICATION – 2019

Date of Application: _____   PERMIT NUMBER: AFPES 19-_____

** *PLEASE NOTE ALL 2019 FEES INCLUDE FINAL ACCEPTANCE TEST***

- ❑ New **$210** (Dry / Wet Chemical)
- ❑ Alteration **$160 (Changes must be clearly identified on submitted plans)**
- ❑ **Amended Plan Submittal Fee $75 (Submit New Application with Changes)**

** *Make checks payable to Town of Southampton***

PART 1: *Installation Contractor/Vendor:*

Name: _____*E-Mail Address:*_____

*Address:*_____ *Phone No* _____

*Name & Number of Contact Person for Additional Information:*_____

Brief explanation of work to be done: _____

_____

PART 2: *Installation Location Information*

Name of Business _____

Business Owner Name: _____*Daytime Phone No.:* _____

*Installation location:*_____

Mailing Address (if different): _____

*Property Owner Name & Address (if different from applicant):*_____

The accuracy of the information, plans, diagrams and other facts submitted in conjunction with the application are the responsibility of the applicant. Any false statement made herein is punishable as a misdemeanor, pursuant to Section 210.45 of the New York State Penal Law.

Signature of Applicant _____ Date:_____

PLEASE INCLUDE SELF-ADDRESSED, STAMPED ENVELOPE FOR COPY OF PLANS REVIEW AND PERMIT.

Proof of Workers Compensation Compliance must be submitted with application, unless on file.
As per Section 57 and Section 200 of the NYS Workers' Compensation Law, Section 57 and Section 220 of the New York State Workers' Compensation Law and Section 125 of the General Municipal Law effectively immediately we will be requiring that either a valid certificate proving compliance be on file or that one be submitted with the application.

**** *OFFICE USE ONLY* ****

Tax Map # _____   Check/Cash _____   Fee _____

Receipt# _____   ☐ **Workers Compensation**-Expiration Date:_____

Workflow # _____   ☐ Incomplete: _____ Date Received Info: _____

Fire Marshal _____ Date _____
( ) Approved   ( ) Denied/Reason