



Town of Southampton  
DIVISION OF FIRE PREVENTION

18 Jackson Avenue  
Hampton Bays, NY 11946  
Telephone 631 702-2919  
Fax 631 728-3688

CP-9047 (08/2019)

**CHERYL KRAFT**  
Chief Fire Marshal

**FIRE SPRINKLER SYSTEM INSTALLATION PERMIT APPLICATION**

Date of Application: \_\_\_\_\_

PERMIT NUMBER: FSS \_\_\_\_\_ - \_\_\_\_\_

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

- (New) \$275 for first 25 devices; Add \$5 per each additional device. # of Devices \_\_\_\_\_ @ \$5.00 = \$ \_\_\_\_\_
- (Alteration) \$175 for first 25 devices; Add \$5 per each additional device. # of Devices \_\_\_\_\_ @ \$5.00 = \$ \_\_\_\_\_  
(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): \_\_\_\_\_

**Read and Check Box**

**False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law**

**SIGNATURE: \_\_\_\_\_ 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# _____	<input type="checkbox"/> Workers Compensation-Expiration Date: _____	
Workflow # _____	<input type="checkbox"/> Incomplete: _____	Date Received Info: _____
	Fire Marshal _____	Date _____
	( ) Approved	( ) Denied/Reason