



Town of Southampton
DIVISION OF FIRE PREVENTION

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

CP-9205 (08/2019)

CHERYL KRAFT
Chief Fire Marshal

HAZARDOUS OCCUPANCY PLAN REVIEW APPLICATION – 20

Date of Application: _____ PERMIT NUMBER: HO _____ - _____

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

- Plans review for any "H" Occupancy or area \$500
- Amended Plan Submittal Fee \$75 (Changes must be clearly identified on submitted plans)

**** 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

Tax Map#: _____

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.

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 _____