



Village of Southampton  
71 Hill Street, Suite #1  
Southampton, NY 11968  
**DEPARTMENT OF FIRE PREVENTION**  
Telephone 631 204-2152  
Fax 631 283-0649  
Email: shvfiremarshal@hotmail.com

**DEAN McNAMARA**  
Fire Marshal II  
**THOMAS E. SWENSON**  
Fire Marshal I

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## FIRE ALARM CERTIFICATE OF COMPLETION

**Installing Contractor:** NYS License # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

**Installation Site:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

**CERTIFICATION:** All of the following have been performed.

- The automatic and manual fire alarm system has been installed in strict compliance in NYS fire code, NFPA 72 (2002), and Manufactures specifications.
- **Acceptance tests.** Upon completion of the installation of the fire alarm system, alarm notification appliances and circuits, alarm-initiating devices and circuits, supervisory-signal initiating devices and circuits, signaling line circuits, and primary and secondary power supplies have been tested in accordance with NFPA 72.
- **Record of completion.** A record of completion in accordance with NFPA 72 "Inspection and testing form" verify that the system has been installed in accordance with the approved plans and specifications. Once the installing contractor and owner have concluded the acceptance tests and both have signed same. Provide a copy to the Fire Marshal's Office and supply the original document at the final acceptance test or by mail prior to the final acceptance test.
- **Instructions.** Operating, testing and maintenance instructions and record drawings ("as built") and equipment specifications shall be provided at an approved location.
- **Inspection, testing and maintenance.** The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with this section and Chapter 7 of NFPA 72.

Certification: I am an Owner/Employee of the installing firm listed above; do hereby certify that the Fire Alarm system was designed, installed and tested in accordance with the applicable portions of NYS Fire code, NFPA 72 (2002), and the manufactures specifications. I certify that this installation has been properly conducted and all of the reference standard requirements have been performed to date and at this time request a final acceptance test with The Fire Marshal's Office.

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PRINT: Name of Owner/Employee

Signature

Date

***PLEASE FAX A COPY TO (631)-283-0649 AND MAIL ORIGINAL TO THE ABOVE ADDRESS.***

**ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A MISDEMEANOR**