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

FIRE SPRINKLER CERTIFICATE OF COMPLETION

Installing Contractor:
Name: _____ Phone # _____

Address: _____

Suffolk County Contractors Licenses # and Type: _____

Installation Site:
Name: _____ Phone #_____

Address: _____

CERTIFICATION: All of the following have been performed.

- The fire sprinkler system has been installed in strict compliance of NFPA 13 (2002), NYS Fire code and the manufactures specifications.
- All of the requirements of NFPA 13 Section "System Acceptance" for underground and above ground piping have been performed.
- Provided Owner/Agent with all required documentation and owners manuals.
- Completed "Contractor's material and test certificate for aboveground piping form"
- Completed "Contractor's material and test certificate for underground piping form"
- Once forms are completed and signed by the Installing contractor and Owner, provide an original to the Fire Marshal concluding the acceptance test.
- Instructed the owner of inspection, testing, and maintenance requirements as required by NFPA 25 (1998).

Certification: I am an Owner/Employee of the installing firm listed above; do hereby certify that the Fire Sprinkler system was designed, installed and tested in accordance with the applicable portions of NYS Fire code, NFPA 13 (2002), NFPA 25 (1998) and the manufactures specifications. I certify that this installation has been properly conducted and all of the reference standard requirements have been performed.

_____

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