



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

**COMMERCIAL KITCHEN HOOD & DUCT EXHAUST SYSTEM
CERTIFICATE OF COMPLETION**

Installing Contractor:

Name: _____ Phone # _____

Address: _____

Suffolk County License # and Type: _____

Installation Site:

Name: _____ Phone # _____

Address: _____

Location of system on premise: _____

CERTIFICATION: Commercial Kitchen Hood & Duct Exhaust System

- The Type I Hood and Duct system for commercial kitchens has been installed in strict compliance with NYS fire and Mechanical code, NFPA 96 (1998) and manufactures UL listing and specifications.
- **Performance test.** A performance test must be conducted upon completion and before final approval of the installation of a ventilation system serving commercial food heat-processing appliances. The test shall verify the rate of airflow and proper operation as specified in the referenced standards and manufactures manuals. The permit holder shall furnish the necessary test equipment and devices required to perform the tests.

Certification: I am an Owner/Employee of the installing firm listed above, do hereby certify that the Fire Suppression system has been installed in accordance with the applicable portions of NYS Fire and Mechanical code, NFPA 17A (1998), NFPA 96 (1998), manufactures specifications and Fire Marshal approved drawings. I certify that this installation and acceptance tests have been properly performed in accordance with all reference standard requirements prior to requesting a Fire Marshal witness test. In addition, I have advised the property owner that the cooking line protected by the above system shall not be used until the system is approved and accepted by the Fire Marshal's Office in writing. At this time I would like to schedule the final witness test with the Fire Marshals Office.

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