



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

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

INSTALLATION PERMIT APPLICATION

Installation type: *(check all that apply)*

Fire Alarm System (New / Alterations) See form **FA-1**..... \$100.00
 Fire Sprinkler System (New / Alterations) See form **FS-1**.....\$100.00
 Alternative Automatic Fire Extinguishing Systems (New /Alterations) See form **AFES-1**..... \$100.00
 Cooking Vapor Removal Systems (New / Alterations) See form **CVRS-1**.....\$100.00
 Aboveground / Underground LPG Systems (New / Alterations) See form **LPG-1**..... \$100.00
Total = \$

Installation Location:

Business Name: _____ *Phone #* _____
Business Owners Name: _____ *Phone #* _____
Business Street Address: _____
Business Mailing Address (if different): _____

Installation Contractor:

Company Name: _____ *Phone #* _____
Mailing Address: _____ *Fax #* _____
Suffolk County or NYS License Type and ID Number: _____

Plans and Specifications Prepared By:

Name: _____ *Phone #* _____
Mailing Address: _____

Person to contact with questions concerning this application:

Name: _____ *Phone #* _____

****Paperwork submitted incomplete will not be reviewed****

The accuracy of this information, plans, specifications, diagrams and other facts submitted in conjunction with the application are the responsibility of the applicant. Any false statement made herein is punishable as a misdemeanor, pursuant to section 210.45 of the New York State Penal Law.

Applicant (Print & Sign) _____ *Date:* _____

****Make check payable to the Village of Southampton****

OFFICIAL USE ONLY:

DATE RECEIVED: _____ TOTAL FEE: _____ PAYMENT RECEIPT # _____ TAKEN BY: _____