

VILLAGE OF ISLANDIA FIRE MARSHAL'S OFFICE

1100 Old Nichols Road, Islandia, NY 11749-Office: 631-348-1133

SYSTEM PERMIT APPLICATION

PERMITS REQUESTED:	SCOPE OF WORK:	
Eire Sprinkler System	New System	tem Modification
# of heads: # of floors:		
Fire Suppression System Description	of Work:	
Fire Alarm System		
# of devices: Building Construction Type:		Occupancy Class:
Property Owner Name:		
Property Owner Address:		Phone #:
Work Location:		TM#:504
Address:		Phone#:
CONTRACTOR NAME:		License #
Address:		Phone#:
FOR OFFICE USE ONLY		
Approved: Spe	cial Conditions:	
AFFIRMATIONS		
Property Owner Print Name	Contractor Nam	ie
Property Owner Signature	Contractor Signa	ture
Notary Stamp and Signature		

NO INSTALLATIONS SHALL BE STARTED PRIOR TO APPROVAL BY THE VILLAGE OF ISLANDIA FIRE MARSHALS OFFICE.

** PLEASE READ PERMIT REQUIREMENTS ON NEXT PAGE BEFORE SUBMITTING PLANS **

I swear that this application is true and complete statement of the approved use of proposed use or process on the described locations or described persons or business. I understand that any false statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the NYS penal law.