

## **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.