



Village of Southampton  
23 Main Street  
Southampton, NY 11968  
**DEPARTMENT OF FIRE PREVENTION**  
Telephone 631 283-0247 x152  
Fax 631 283-0649  
Email: dmcnamara@southamptonvillage.org

**DEAN McNAMARA**  
Fire Marshal II

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## **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 (2007), NYS Fire code and the manufactures specifications.
- All of the requirements of NFPA 13 Section "System Acceptance" for underground (if applicable) and above ground piping have been performed.
- I have provided the client with all required documentation and owner's manuals.
- Completed "Contractor's material and test certificate for aboveground piping form".
- Completed "Contractor's material and test certificate for underground piping form" (if applicable).
- Once forms are completed and signed by the Installing contractor and Owner, provide copies to the Fire Marshal **prior to scheduling a final inspection.**
- Instructed the client regarding inspection, testing, and maintenance requirements as required by NFPA 25 (2008).
- Fire alarm contractor has inspected all Fire Alarm devices connected to the fire sprinkler system and we verified that they are in proper working order and function as required.

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 (2007), NFPA 25 (2008) and the manufactures specifications. I certify that this installation has been properly conducted and all of the reference standard requirements have been performed and the system is functioning properly.

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Print: Name of Owner/Employee

Signature

Date