



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

DEAN McNAMARA
 Fire Marshal II

INSTALLATION PERMIT APPLICATION

Installation type: (check all that apply)

- Fire Alarm System (New / Alterations) \$100.00
 - Fire Sprinkler System (New / Alterations) \$100.00
 - Alternative Automatic Fire Extinguishing Systems (New /Alterations) \$100.00
 - Cooking Vapor Removal Systems (New / Alterations) \$100.00
 - Aboveground / Underground LPG Systems (New / Alterations) \$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 # _____
 Email Address: _____
 Suffolk County or NYS License Type and ID Number: _____

Plans and Specifications Prepared By:

Name: _____ Phone # _____
 Mailing Address: _____
 Email Address: _____

Person to contact with questions concerning this application:

Name: _____
 Phone# _____ Fax: _____ Email: _____

****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****

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