



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

- **Permit Fee \$200.00** Make check payable to **“Village of Southampton”** (The initial permit fee will include one submittal review, construction inspections and one witnessed final acceptance test.)
- A resubmittal fee of **\$50.00** will be charged for each additional submittal package or amended plan review.
- Each additional acceptance test or final inspection above and beyond the one included with the original permit fee will result in an additional fee of **\$150** for each additional test or inspection.
- If the permit is submitted after the owner or contractor had already commenced with construction, modifications or alterations on site without a Building Permit (if applicable) or a Fire Prevention Permit the permit fee increased to **\$400** per application.

Note: If submitting multiple permits, fill out a separate form for each permit. A permit is required for the installation and or alterations to any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Fire Sprinkler System |
| <input type="checkbox"/> Carbon Monoxide Detection / Systems | <input type="checkbox"/> Commercial Cooking Vapor Removal Systems |
| <input type="checkbox"/> Alternative Fire Extinguishing system | <input type="checkbox"/> Above ground / underground LPG System |
| <input type="checkbox"/> Aboveground / underground flammable / combustible liquid tanks. | |

Installation Location:

Business Name: _____ Phone # _____

Business Owners Name: _____ Phone # _____

Business Street Address: _____

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: _____

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: _____

TAX MAP # 904- _____ **RECEIPT #** _____