

Village of Northport-Office of the Fire Marshal

224 Main Street, Northport NY 11768 Voice: 631-261-7502 Fax: 631-261-7521 Email: FireMarshal@northportny.gov

PERMIT APPLICATION

		∐ Init	ial∐ Resubm	nittal				
Property Scope	☐ Fire alarm installa	☐ Prop	☐ Propane/Natural Gas Installation					
	☐ Sprinkler system i	Fixe	☐ Fixed Suppression system Installation					
	Firestopping		☐ Hood	☐ Hood and Duct System installation				
	Fireworks		☐ Spec	Special Event/Other:				
	☐ Construction							
	Project Type: New		Occupa	Occupancy Type:		☐ Commercial		
	☐ Alteration/Renovation				Resid	lential		
	Date of Application:							
	Project Name:							
	Property Owner:							
	Project Address:							
	Applicant Name:							
	Applicant Address:							
	City:	State:	Zip:		Phone:			
	Applicant Rep for project:							
	Cell Phone:		Email:					
Declaration	By printing and signing myname to this application, I state that I have completed all of the required paperwork and answered all questions accurately, completely and truthfully. I am fully aware that providing false and/or inaccurate information on this application or any documents relating to this application, is a violation of Section §210.45 of the New York State Penal Law for which I can be fined and/or arrested.							
	I am also aware that this information is required to be filed under the Code of the Village of Northport and failure to do so can result in legal action against the owners/operators of this property/establishment.							
	NOTES: If approved, this permit is issued and accepted on condition that the provisions of the Code of the Incorporated Village of Northport and any/all additional codes, laws, rules, regulations, requirements or specifications will be fully complied with. Any violation of said codes, laws rules, regulations, requirements or sspecifications will result in the immediate revocation of this permit. No responsibility rests upon the Incorporated Village of Northport, the Fire Marshal any Fire Department or Fire District by reason of this permit.							
	If any field of this application is left blank, the application will be rejected and you will be responsible to repay the review fee. If you have a question when completing the form, contact this office for assistance.							
	Submitting this application does not grant you the right to start any work until such time as you receive written approval from this							
	office. Any violation of this will result in legal action against all parties involved.							
Signa	ture:		Print:					
	OFFICE USE ONLY Status	(OFFICE USE ONL'	Y		OFFICE USE ONLY Disposition		
Apı	proved FM:	Amount:			Mailed	Left at Village		
Rej	ected Date:	Check		Do	cument #:			