



NASSAU COUNTY FIRE COMMISSION

OFFICE OF FIRE MARSHAL

Nassau County Public Safety Center

1194 Prospect Avenue

Westbury, NY 11590

516-573-9900

Application for Permit

Initial Renewal

Check Only One

| | | |
|--|---|--|
| Hood & Duct System Permit <input type="checkbox"/> | Solid/Liquid Oxidizer Storage Location Permit <input type="checkbox"/> | Sprinkler System System Permit <input type="checkbox"/> |
| Automatic Fire Extinguishing (Art XXI) System Permit <input type="checkbox"/> | Clean Agent Fire System System Permit <input type="checkbox"/> | |

**Make Checks Payable to:
"NASSAU COUNTY TREASURER"**

Installation Location

Business/Corporation Name _____ Federal ID # _____
Mailing Address _____ Phone # _____
Village _____ St _____ Zip _____
D/B/A Name _____ Phone # _____
Permit Mailing Address (If different from above) _____
Village _____ St _____ Zip _____

Licensed Installer Information

Business/Corporation Name _____ Federal ID # _____
D/B/A Name (If different from above) _____ FM Lic # _____
Mailing Address _____
Village _____ St _____ Zip _____

I, the undersigned, understand that the issuance of a permit for the type which is herein applied for is based on the agreement to conform to the regulations and requirements of the Nassau County Fire Marshal's Office. I further understand that non-compliance of said requirements, by myself or any officer or employee of the firm or individual listed as the applicant on this form, shall be cause for revocation of said permit. Upon revocation of said permit the applicant or any employee of the applicant shall be prohibited to conduct such work for which this permit was issued. The reissuance of a permit shall be, based upon review of the circumstances leading to the revocation, by the Fire Marshal. Any false statement(s) made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Applicant or Installer (Print Name) Title Date

Applicant or Installer (Signature)

FOR FIRE MARSHAL USE ONLY

Permit No. _____ Loc. ID _____
Date Issued _____ Check # _____ Cash Rcpt ID _____
Amount Rcvd _____ Fee on Acct ID _____