

VILLAGE OF AMITYVILLE
21 Ireland Place, Amityville, New York 11701
Tel. (631) 691-1909 Fax (631) 264-7656

**APPLICATION FOR PERMIT TO INSTALL FIRE SAFETY AND
FIRE PREVENTION EQUIPMENT**

1. Submit application completely filled out in legible handwritten ink or typewritten.
2. Submit four (4) copies of plans and specifications. All plans & specifications must have the seal of a currently registered NYS Licensed Architect or Engineer
3. Submit required proof of Workers' Comp. & Disability Ins.
4. Electrical work performed in association with a permit issued, requires a Certificate of Compliance issued by the New York Board of Fire Underwriters or other agency acceptable to the Code Enforcement Official.
5. Permit fee is required – via cash, check or money order.
6. Permit & approved plans must be kept on premises.

Fee: _____ Date Application Submitted: _____ Permit No.: _____

Date paid: _____ Receipt No: _____ Date Issued: _____

Approved: Denied: Reason for Denial: _____

Application is hereby made to the Code Enforcement Official of the Village of Amityville, N.Y., for approval of plans and specifications to build or install as herein described. The applicant agrees to comply with all the provisions of the Code of Village of Amityville and/or any other applicable federal, state and local codes.

Code Enforcement Official: _____

Address of Construction _____ SCTM#101 - - -

Owner's Name: _____ Tele. No.: _____

Address: _____ D.O.B.: _____

Applicant's Name: _____ Relationship: _____

Address: _____ D.O.B.: _____

Contractor: _____ Worker's Compensation No.: _____

Address: _____ Tele. No.: _____

Architect/Engineer: _____

Address: _____

Type of work: () Fire Alarm System () NFPA Automatic Sprinkler System () Fire Suppression System (Comm. Cooking Equip.)

Cost estimate: \$ _____

Use of existing building: _____

ZONING INFORMATION

Pursuant to Section 57, of the Workers' Compensation Law, and Sec. 220 of the New York State Disabilities Benefits Law of Insurance, proof must be filed with this application indicating that compensation and disabilities insurance for all employees has been secured and filed with this application covering all operations in connection herewith. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission, or office to pay any disability benefits to any such employee if so employed.

Sworn to me this _____ day
of _____

Notarize

Signature: _____

Name: _____

Notary Public

Consent of owner if not Applicant:

Notarize

Sworn to me this _____ day
of _____

Signature: _____

Name: _____

Notary Public

**PLEASE SUBMIT ONE OF THE FOLLOWING FORMS FOR
WORKMAN'S COMPENSATION:**

C-105.21, C-105.2, U-26.3, SI-12, GSI-12

**PLEASE SUBMIT ONE OF THE FOLLOWING FORMS FOR
DISABILITY:**

DB-120.1, DB-155

NO ACCORD FORMS WILL BE ACCEPTED