

EDWARD P. MANGANO  
COUNTY EXECUTIVE

THOMAS E. TILLEY  
FIRE MARSHAL



**NASSAU COUNTY FIRE COMMISSION**  
OFFICE OF THE FIRE MARSHAL  
1194 PROSPECT AVENUE  
WESTBURY, NEW YORK 11590  
516-579-9900

*MAKE CHECK PAYABLE TO:*  
**"TREASURER, COUNTY OF NASSAU"**

## APPLICATION FOR FIRE ALARM PERMIT

TYPE OF APPLICATION      New       Amendment

### ALARM SYSTEM LOCATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Post Office \_\_\_\_\_  
Village \_\_\_\_\_  
Closest Intersections 1: \_\_\_\_\_  
2: \_\_\_\_\_

Residential (1 or 2 Family)       Multiple Residence   
Office       Mercantile   
Industrial       Storage   
Public Assembly       Institutional   
Educational Facility

**Special Information** (Guard Dogs, Directions, Hazardous Materials, Invalids, etc.)

### CENTRAL STATION INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, St, Zip \_\_\_\_\_

### ALARM INSTALLER INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, St., Zip \_\_\_\_\_

FM No.: \_\_\_\_\_  
NYS Unique ID No.: \_\_\_\_\_  
NYS Unique ID Expiration Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

System Installation       System Maintenance   
System Installation       System Inspection

### INSTALLING COMPANY CERTIFICATION

I, \_\_\_\_\_, \_\_\_\_\_  
NYS license Qualifier      Title  
of \_\_\_\_\_  
NYS Licensed Company Name      Signature      Date

Certify that the above proposed or existing system does or will comply with all Nassau County, New York State and Local Ordinances, codes and regulations. I also certify that before installing the above system all required plans and fees have been submitted to the Fire Marshal and a set of the approved plans are on site of the installation. I also certify that a copy of this permit application will be conspicuously affixed at the fire alarm control panel or its proposed location at the premises prior to commencing of and during installation of any part of the system.

### FIRE MARSHAL USE ONLY

Check No.: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ FOA No.: \_\_\_\_\_ No Charge

FD No.: \_\_\_\_\_ FD Name: \_\_\_\_\_ FD Alarm No.: \_\_\_\_\_ Verified By \_\_\_\_\_

Location ID No.: \_\_\_\_\_ Permit No.: \_\_\_\_\_ FAP ID No.: \_\_\_\_\_