

Edward P. Mangano
County Executive

Scott D. Tusa
Chief Fire Marshal



Nassau County Fire Commission
Office of the Fire Marshal
1194 Prospect Avenue
Westbury, N.Y. 11590
(516) 573-9900

Date: _____
Loc. ID # _____

The Fire Code of New York State requires annual testing of emergency generator and emergency lighting systems. Article XIII, Section 13.2.3 of the Nassau County Fire Prevention Ordinance requires that the annual load test of such emergency generator and emergency lighting systems be witnessed by the Nassau County Fire Marshal.

As mandated by Article XXII of the Nassau County Fire Prevention Ordinance, fees shall be charged based on square footage for areas powered by generator, and by quantity of emergency light units for areas powered by battery. Additional fees are required per additional floor, for areas powered by generator or that contain more than 50 emergency light units.

Complete the back of this form to determine the required fees.

Payment:

Checks made payable to "Nassau County Treasurer" must be submitted with the completed application form to the following address.

Nassau County Fire Marshal
1194 Prospect Avenue
Westbury, N.Y. 11590
Attn: ELT

Scheduling:

After receipt of proper fees and required information, the listed person will be contacted to confirm the test date and time. The test may take two or more hours to complete, during which time power to the area must be disconnected, and the area closed to the public. The Fire Marshal's office requires that a Facility Manager, Electrician, and/or I.T. person be present to disconnect power and ensure there are no problems with any electrical or computer systems. ***At the time of the test a general safety inspection will also be conducted, which requires unrestricted access to all areas of the facility, fire protection systems and all applicable maintenance records and logs.*** If there are any questions please contact the office at (516) 573-9901.

Fire Marshal Use Only

Date _____	Amount Received _____	Check # _____
Loc. ID _____	Fee on Account ID _____	Cash Receipt ID _____
Test Insp. # _____	Test Date _____	Test Time _____ Test Result _____

Please complete *all* of the following information

Scheduling Contact _____ Phone _____

Test Site Contact _____ Phone _____

Preferred Day of Week _____ Preferred Start Time _____

Type of System(s): Check all that apply

☐ Generator _____ # of Generator Systems

☐ Battery _____ # of Battery Light Units

Facility Dimensions: (length x width) _____ x _____ = Ground Floor Area _____ sq. ft.

Total # of Floors/Levels above and/or below the ground floor: _____

Emergency lighting systems that utilize ***Emergency Generators***

☐ Facility with a ground floor area less than 2,500 sq. ft.

Quantity _____ x \$460.00 per system = Total: _____

☐ Facility with a ground floor area greater than 2,500 sq. ft. but less than 5,000 sq. ft.

Quantity _____ x \$590.00 per system = Total: _____

☐ Facility with a ground floor area greater than 5,000 sq. ft.

Quantity _____ x \$720.00 per system = Total: _____

Emergency lighting systems that utilize ***Battery-powered Emergency Light Units***

☐ Facility with 1 to 25 emergency light units = \$460.00 = Total: _____

☐ Facility with 26 to 50 emergency light units = \$590.00 = Total: _____

☐ Facility with 51 or more emergency light units = \$720.00 = Total: _____

Floor Charge

☐ Facility with 51 or more Emergency Light Units ***or*** any number of Emergency Generators

of Floors (from above) _____ x \$75.00 = Total: _____

Total Emergency Generator Fees \$ _____

+ Total Battery-powered Test Fees \$ _____

+ Floor Charge \$ _____

= Total Fees Submitted \$ _____