

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

Fire Alarm Relocation Permit Application

(For relocation of up to 5 initiating or notification devices)

Make Checks Payable to: "Nassau County Treasurer"

Site Information (Location where work is to be performed)

Business Name _____

Former Tenant Name (if applicable) _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Brief description of proposed work (include make, model and quantity of devices to be relocated):

Licensed Installer Information

Business/Corporation Name _____ Federal ID # _____

D/B/A Name (If different from above) _____ Lic. # _____

Mailing Address _____

Village _____ State _____ Zip _____ Phone # _____

Statement

I, the undersigned understand that the issuance of a permit for the type which 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 the individual signing as installer 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 re-issuance 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.

Installer (Print Name)

Title

Installer (Signature)

Date

For Fire Marshal Use Only

Permit # _____ Cash Receipt ID _____ Location ID _____

Date Issued _____ Check # _____ Fee on Acct. ID _____

Amount Rcvd. _____ License # _____ Expiration _____

Fire Alarm Relocation Permit shall be on site at all times.