

Nassau County Fire Commission Office of the Fire Marshal

1194 Prospect Avenue Westbury, N.Y. 11590 (516) 573-9900 nassaucountyny.gov/firemarshal

Permit Application

	☐ Initia	□ Rer	newal	
 □ Automatic Fire-Extinguishing Sy □ Clean Agent Fire-Extinguishing □ Emergency Responder Radio Co □ Energy Storage System □ Flammable Gas Storage/Refill/E 	☐ Mob	Only One ☐ Grease Hood and Duct Exhaust System ☐ Mobile Fueling ☐ Oxidizer Storage ☐ Sprinkler System		
	Permit Loc	ation Inforn	nation	
Full Corporate Name: D/B/A: Physical Address:				Phone: Fax:
City: Mailing Address (if different from above):				
City:	State:	Zip:	Email:	
Licen	sed Installer	/ Applicant	Information	
Full Corporate Name: D/B/A: Address:				Phone:
City:	State:	Zip:	FEIN/Tax ID:	
I, the undersigned, understand that the issuance of requirements of the Nassau County Fire Marshal's Of firm or individual listed as the applicant on this form, applicant shall be prohibited to conduct such work for to the revocation. Any false statement(s) made herein are punishable as Applicant (Print Name)	fice. I further understa shall be cause for revo which this permit was	and that non-complia ocation of said permit issued. The reissuan	nce of said requirements, by . Upon revocation of said per ce of a permit shall be based	myself or any officer or employee of the mit the applicant or any employee of the
Applicant (Signature)				
	FIRE MA	RSHAL USE	ONLY	
Permit #	Cash ID		Location ID	
Date Issued	Check #		Company II)
Expiration	Amount			