



Town of Islip
Division of Fire Prevention
Office of the Fire Marshal

24 Nassau Ave, Islip NY 11751
Phone: (631)224-5477 Fax: (631)224-5458

Office Use - Received Date

System Permit Application

General Submission Requirements (System specific requirements can be found in the submission supplement)

- | | |
|---|---|
| 1. Three (3) sets of plans (Stamped by P.E. or Architect) | 2. Copy of Building Permit or Certificate of Occupancy |
| 3. One full set of cut sheets for all equipment used | 4. Copy of Workers Compensation, NYS Disability & Liability |

Fee Schedule (Includes review & two (2) inspections)		
Fire Alarm or ERRC System (1st 25 Devices)	\$300.00	1 Year
Each additional device over 25	\$2.00 ea.	
Fire Sprinkler System (1st 25 Heads)	\$350.00	1 Year
Each additional device over 25	\$3.00 ea.	
Fire Suppression System	\$300.00	1 Year
Fire Service Main	\$250.00	1 Year

For Office Use Only
Tax Map# _____ - _____ - _____
Receipt# _____
Approved Date ____ / ____ / ____
Approved By: _____
Special Condition: _____

System Information	
Fire Alarm System	ERRC System
Number of Devices: _____	
Fire Sprinkler System	Fire Service Main
Number of Heads: _____	
Fire Suppression System	

Scope of Work	
New System	System Modification
Work Description: _____	
Occupancy Classification: _____ # of Floors: _____	

Work Location Information	
Business Name: _____	Location Address: _____

Contractor Information	
Name: _____	Phone: _____
Address: _____	E-Mail: _____
	License Number: _____

Property Owner Information	
Name: _____	Phone: _____
Address: _____	E-Mail: _____

Affirmations

Signature of the **Property Owner**

Signature of the **Contractor**

Notary Stamp & Signature

Notary Stamp & Signature

False statements made on this form are punishable as a class A misdemeanor pursuant to section 210.45 of the NYS Penal Law.