

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

Rental Permit Application

Submission Requirements

1. Copy of Certificate of Occupancy (Not required for	r Condo/Co-op	2. Floor Plan (to sca	le or include dimensions)	
5 01 11		-	011111111111111111111111111111111111111	
Fee Schedule	-:1:		Office Use Only	
Multiple-Unit Dwelling/Multiple-Residence Factorial States Multiple-Residence San Dwelling Units \$600.00		Tax Map#	<u> </u>	
_ , , , , , , , , , , , , , , , , , , ,	3 Year	Receipt#		
700.00	3 Year			
	3 Year			
Condominium & Co-op \$400.00	3 Year			
	Premises Inf	ormation		
Multiple-Unit Dwelling/Multiple-Residence Fa		Condominium		
Number of Dwelling Units:	acincy	Condominium		
<u> </u>				
Mixed Use Building, Less Than 3 Units		Co-Operative		
Number of Dwelling Units:				
Per	rmitted Premis	es Information		
Business Name:		Location Address:		
P	roperty Owner			
Name:		Phone:		
Address:				
	Affirma	tions		
Signature of the Property Owner				
Notary Stamp & Signature				
Treating a signature				