



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)	\$200.00	1 Year
Each additional device over 25	\$1.50 ea.	
Fire Sprinkler System (1st 25 Heads)	\$250.00	1 Year
Each additional device over 25	\$2.50 ea.	
Fire Suppression System	\$200.00	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 Box]

Notary Stamp & Signature

[Notary Stamp & Signature Box]

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