



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

Parking Garage Permit Application

General Submission Requirements (System specific requirements can be found in the submission supplement)
1. Original stamped and sealed condition assessment report of parking garage prepared by a New York State Professional Engineer

Fee Schedule		
Parking Garage Operational Permit	\$300	3 Year

For Office Use Only
Tax Map# _____ - _____ - _____
Receipt# _____

Permitted Premises Information	
Business Name: _____	Location Address: _____
Condition Assessment: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic	Assessment Date: ____ / ____ / ____
Parking Location: _____	Year Constructed: _____
Construction Type: _____	Number of Floors: _____ Number of spaces: _____

New York State Professional Engineer Information	
Name: _____	Phone: _____
Address: _____	E-Mail: _____
	License Number: _____

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

Affirmations

Signature of the **Property Owner**

Notary Stamp & Signature

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