



Village of Greenport
Office of the Fire Marshal
236 Third Street, Greenport, NY 11944
ajsmith@greenportvillage.org
(631) 477-0248 Ext. 207
Fax (631) 477-1707

Installation Permit Application

Date of Application: _____

Fee : **\$100** §65-7(K)

- | | |
|--|--|
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Alternative Fire Extinguishing system (Dry) |
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Alternative Fire Extinguishing system (Wet) |
| <input type="checkbox"/> Carbon Monoxide Detection / Systems | <input type="checkbox"/> Commercial Cooking Exhaust Systems |

PART 1: Location of Installation

Tax Map No. _____

Name of Business (where system being installed) _____

Street Address of Installation: _____

Mailing Address (if different): _____

PART 2: Installation Contractor/Applicant:

Name: _____

Address: _____

Phone No: _____

PART 3: Plans Prepared By:

Name: _____

Address: _____

Phone No: _____

Person to contact with questions concerning this application

Name: _____ Phone Number: _____

SIGNATURE OF APPLICANT (ALL PERMITS) The accuracy of the information, plans, diagrams and other facts submitted in conjunction with this application, are the responsibility of the applicant.

Signature of Applicant _____ Date: _____

PLEASE ALLOW 2 – 4 WEEKS FOR REVIEW
**** Make checks payable to Village of Greenport ****