



# Village of Greenport Code Enforcement & Fire Prevention

236 Third Street, Greenport, NY 11944  
gmorris@greenportvillage.org  
(631) 477-0248, Ext. 212 \* Fax (631) 477-1877



## 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 \*\***