



Nassau County Fire Commission

Office of the Fire Marshal

1194 Prospect Avenue

Westbury, N.Y. 11590

(516) 573-9900

nassaucountyny.gov/firemarshal

Permit Application

Initial

Renewal

Check Only One

Automatic Fire-Extinguishing System

Mobile Fueling

Clean Agent Fire-Extinguishing System

Oxidizer Storage

Flammable Gas Storage/Refill/Exchange

Sprinkler System

Grease Hood and Duct Exhaust System

Permit Location Information

Full Corporate Name: _____ Date: _____

D/B/A: _____ Phone: _____

Physical Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ FEIN/Tax ID: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____ Email: _____

Licensed Installer / Applicant Information

Full Corporate Name: _____ Lic. #: _____

D/B/A: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ FEIN/Tax ID: _____

I, the undersigned, understand that the issuance of a permit for the type which is herein applied for is based on the agreement to conform to the regulations and requirements of the Nassau County Fire Marshal's Office. I further understand that non-compliance of said requirements, by myself or any officer or employee of the firm or individual listed as the applicant on this form, shall be cause for revocation of said permit. Upon revocation of said permit the applicant or any employee of the applicant shall be prohibited to conduct such work for which this permit was issued. The reissuance of a permit shall be based upon review of the circumstances leading to the revocation.

Any false statement(s) made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Applicant (Print Name)

Title

Date

Applicant (Signature)

FIRE MARSHAL USE ONLY

Permit # _____

Cash ID _____

Location ID _____

Date Issued _____

Check # _____

Company ID _____

Expiration _____

Amount _____