



Nassau County Fire Commission

Office of the Fire Marshal

1194 Prospect Avenue

Westbury, N.Y. 11590

(516) 573-9900

nassaucountyny.gov/firemarshal

Sprinkler Head Relocation Permit Application

(For relocation of less than 25 sprinkler heads only)

ALL FIELDS ARE REQUIRED -- Make Checks Payable to: "Nassau County Treasurer"

Site Information (Location where work is to be performed)

Name _____

Former Name (if applicable) _____ Phone # _____

Address _____ Suite _____

City _____ State _____ Zip _____

Brief description of work to be performed (include specific location of work and number of heads to be relocated):

Licensed Sprinkler System Installer Information

Corp. Name / DBA _____ Federal ID # _____

Address _____ NCFM Lic. # _____

City _____ State _____ Zip _____ Phone # _____

Email Address _____

Statement

I, the undersigned, understand that the issuance of a permit for the type which 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 noncompliance of said requirements, by myself or any officer or employee of the firm or the individual signing as installer 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 re-issuance of a permit shall be based upon review of the circumstances leading to the revocation, by the Fire Marshal. Any false statement(s) made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Installer (Print Name) _____ Title _____

Installer (Signature) _____ Date _____

Fire Marshal Use Only

Permit # _____ Cash Receipt ID _____ Location ID _____

Date Issued _____ Check # _____ Fee on Acct. ID _____

Amount Rcvd. _____ Lic. Installers ID# _____ Expiration _____

Sprinkler Head Relocation Permit shall be on site for the duration of the job