



**Nassau County Fire Commission**

**Office of the Fire Marshal**

1194 Prospect Avenue

Westbury, N.Y. 11590

(516) 573-9900

nassaucountyny.gov/firemarshal

**Fire Alarm Relocation Permit Application**

(For relocation of up to 5 initiating or notification devices)

**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 quantity of devices to be relocated):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Licensed Alarm 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 \_\_\_\_\_

**Fire Alarm Relocation Permit shall be on site for the duration of the job**