



# TOWN of GREENBURGH

## DEPARTMENT OF BUILDINGS

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# FIRE ALARM PERMIT APPLICATION

Permit: \_\_\_\_\_ - \_\_\_\_\_

Fee: \$15.00 x \_\_\_\_\_ devices = \$ \_\_\_\_\_ Check/Credit/MO: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED:** Two (2) sets of signed/sealed drawings detailing location of all alarm devices prepared by a licensed NYS design professional, an electrical/low voltage permit application for wiring and either NYEIS OR SWIS application. Liability, NYS Workers Compensation and Disability insurance are required.

**\*NYS LAW REQUIRES ALL FIRE ALARM DEVICES TO BE INSTALLED BY A NYS LICENSED ALARM INSTALLER\***

**DEVICE** – Any part or portion of a system consisting of components and circuits arranged to monitor, and annunciate the status of a fire alarm system. Typical devices shall include, but not be limited to: heat or smoke detectors, horn and/or strobe annunciating devices, manual pull stations, fire alarm control panels, remote annunciator panels, sprinkler tamper and flow switches, automatic door releases, automatic fire dampers, cooking and specialty extinguishing system activation notification, and duct and plenum detectors with location indicator.

### SUBJECT PROPERTY INFORMATION

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Apartment #: \_\_\_\_\_ Floor #: \_\_\_\_\_ Suite #: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Residential: Single-Family [] Multi Family [] units \_\_\_\_\_ Apartment [] units \_\_\_\_\_

Commercial Use: Retail [] Warehouse [] Office [] Other \_\_\_\_\_

Location of Alarm Panel (Main and Remote) \_\_\_\_\_

List Number of Devices: Smoke: \_\_\_\_\_ Heat: \_\_\_\_\_ CO: \_\_\_\_\_ Combo: \_\_\_\_\_ Strobe: \_\_\_\_\_  
Bell: \_\_\_\_\_ Horn: \_\_\_\_\_ Panel: \_\_\_\_\_ Other: \_\_\_\_\_

**Does this application comply with NYS Supplement Carbon Monoxide Requirements: \_\_\_\_\_**

### OWNER/LESSEE INFORMATION

Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Lessee \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### FIRE ALARM CONTRACTOR INFORMATION

Alarm Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

NYS Alarm Installer License Number: \_\_\_\_\_ Expiration \_\_\_\_\_