



**TOWN of GREENBURGH  
DEPARTMENT OF BUILDINGS**

177 Hillside Avenue, Greenburgh, New York 10607  
(914) 989 - 1564 / (914) 989-1566 Fax (914) 993 - 1570  
[www.GreenburghNY.com](http://www.GreenburghNY.com) email: [building@greenburghny.com](mailto:building@greenburghny.com)

**FIRE SUPPRESSION SYSTEM PERMIT APPLICATION**

**OFFICE USE ONLY**

Permit No.: \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_ CK/CR/MO Date: \_\_\_\_\_

Approved for permit issuance: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIREMENTS FOR FILING**

- Two (2) sets of suppression system drawings/equipment details
- Certificate of Liability insurance naming 'Town of Greenburgh as additionally insured, New York State Workers Compensation and Disability insurance forms name 'Town of Greenburgh' as "Certificate Holder" or as "Entity Requesting Certificate" (Workers comp/disability cannot be on an Acard form) for further information on New York State Workers Comp/Disability regulations please visit [www.WCB.State.NY.us](http://www.WCB.State.NY.us)
- Fees for new work (Check/credit card/money order) \$100 per system

**SUBJECT PROPERTY INFORMATION**

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

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

Parcel ID: \_\_\_\_\_

**OWNER/LESSEE INFORMATION**

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

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

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

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

**INSTALLATION COMPANY INFORMATION**

Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

**FIRE SYSTEM MANUFACTURER**

System type: \_\_\_\_\_ Manufacturer/Model \_\_\_\_\_

Automatic Fuel Shut Off: YES \_\_\_\_\_ NO \_\_\_\_\_