



# Village of Quogue

7 Village Lane  
PO Box 926  
Quogue, NY 11959  
**DIVISION OF FIRE PREVENTION**  
Telephone: (631) 653-4498  
Fax: (631) 653-4776

David Schaffauer  
Fire Marshal

## SUPPRESSION SYSTEM INSTALLATION PERMIT APPLICATION

Date of Application: \_\_\_/\_\_\_/\_\_\_

APPLICATION NUMBER: AFPE\$ \_\_\_ - \_\_\_

- New \$250 (Dry/Wet Chemical)
- Alteration \$175 (Changes must be clearly identified on submitted plans)
- Amended Plan Submittal Fee \$100 (Submit New Application with Changes)
- Renewal Fee \$125
- Re-inspection Fee \$100 (per visit)

### Make Checks Payable to Village of Quogue

*Please Note:*

All Fees Include Final Acceptance Test. All Fees Are Non-Refundable and All Permits Are Non-Transferable.

### PART 1: Installation Contractor/Vendor:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name & Number of Contact Person For Additional Information: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Suffolk County FELB License Number: \_\_\_\_\_ Expiration date: \_\_\_/\_\_\_/\_\_\_

Brief Explanation of Work To Be Done: \_\_\_\_\_

### PART 2: Installation Location Information:

Name Of Business: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Installation Location: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Property Owner Name & Address (if different from applicant): \_\_\_\_\_

The accuracy of the information, plans, diagrams and other facts submitted in conjunction with the application are the responsibility of the applicant. Any false statement made herein is punishable as a misdemeanor, pursuant to Section 210.45 of the New York State Penal Law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### **PLEASE INCLUDE SELF-ADDRESSED, STAMPED ENVELOPE FOR COPY OF PLANS REVIEW & PERMIT**

Proof of Workers Compensation Compliance must be submitted with application, unless on file. As per Section 57 and Section 200 of the NYS Workers' Compensation Law, Section 57 and Section 220 of the New York State Workers' Compensation Law and Section 125 of the General Municipal Law effectively immediately we will be requiring that either a valid certificate proving compliance be on file or that one be submitted with the application.

#### \*\*\* OFFICE USE ONLY \*\*\*

Tax Map # \_\_\_\_\_  Incomplete: \_\_\_\_\_ Date Received Info: \_\_\_\_\_

Workers Compensation - Expiration Date: \_\_\_\_\_  Fire Marshal: \_\_\_\_\_ Date: \_\_\_\_\_

Check/Cash/CC: \_\_\_\_\_ ( ) Approved ( ) Denied / Reason: \_\_\_\_\_

Fee: \_\_\_\_\_

Receipt # \_\_\_\_\_

Workflow # \_\_\_\_\_

Permit # \_\_\_\_\_ Exp Date: \_\_\_\_\_