



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

RESIDENTIAL FIRE SPRINKLER SYSTEM INSTALLATION PERMIT APPLICATION

Date of Application: _____

APPLICATION NUMBER: FSS - _____

- ☐ (New) \$250
- ☐ (Alteration) \$100 (Changes must be clearly identified on submitted plans)
- ☐ Amended Plan Submittal Fee \$100 (Submit New Application with Changes)
- ☐ Re-inspection Fee \$75 (per visit) ☐ Final Inspection for Compliance \$100 (per visit)
- ☐ Renewal Fee \$100 (Permit expires 180 days after the date of issuance)
- ☐ Violation Search \$100

***** Make checks payable to Village of Quogue – Please note: all fees are non-refundable and all permits are non-transferable*****

PART 1: Installation Contractor/Vendor:

Name: _____ E-Mail Address: _____

Address: _____ Phone No _____ Suffolk County License # _____

Name & Number of Contact Person for Additional Information: _____

Brief explanation of work to be done: _____

PART 2: Installation Location Information

Tax Map#: _____

Installation Location: _____

Property Owner's Name: _____

Property Owner's Address: _____ Daytime Phone No.: _____

Mailing Address (if different): _____

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 AND 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 # _____

Check/Cash _____ Fee _____

Receipt# _____

☐ **Workers Compensation**-Expiration Date: _____

Workflow # _____

☐ Incomplete: _____ Date Received Info: _____

Permit # _____

Fire Marshal _____ Date _____

() Approved () Denied/Reason _____

Expiration Date _____