



Village of Quogue

David Schaffauer
Fire Marshal

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

RESIDENTIAL FIRE SPRINKLER SYSTEM INSTALLATION PERMIT APPLICATION

DATE OF APPLICATION _____ APPLICATION NUMBER: FSS _____ - _____

PLEASE NOTE ALL 2026 FEES INCLUDE FINAL ACCEPTANCE TEST

- New - \$300 (Includes up to 25 sprinkler heads. \$10/per each additional.)
- Alteration - \$200 (Changes must be clearly identified on submitted plans)
- Amended Plan Submittal Fee \$100 (Submit New Application with Changes)
- Re-inspection Fee \$75 (per visit)
- 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: _____ Phone # _____ 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 # _____

Name of Business: _____

Business Owner Name: _____ Daytime 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 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 # _____ Incomplete: _____ Date Received Info: _____

Workers Compensation - Expiration Date: _____ Fire Marshal: _____ Date: _____

Check/Cash: _____ () Approved () Denied / Reason: _____

Fee: _____

Receipt # _____

Workflow # _____

Permit # _____ Exp Date: _____