

**MODIFICATION PERMIT APPLICATION**

Tax Map No. \_\_\_\_\_

TOWN OF RIVERHEAD

FIRE PREVENTION PERMIT APPLICATION

200 Howell Avenue, Riverhead New York 11901 (631) 727-3200 x601

Date of Application: \_\_\_\_\_ Fee:\*(below)\_\_\_\_\_ TOR File/Receipt No. \_\_\_\_\_

**TYPE OF PERMIT**

**Modification of:**

Fire Alarm System \$ 100. (for first 5 devices\*\*)

Fire Sprinkler System \$ 100. (for first 5 devices\*\*)

**\*\*Note: Any Fire Alarm or Fire Sprinkler modification in excess of 5 devices will require the modification to be treated as a new installation. The appropriate application shall be utilized and fee provided.**

Modification of Automatic Fixed Pipe Ext. System (cooking equipment) \$ 100.

Modification of Automatic Fixed Pipe Ext. System (dry chemical) \$ 100.

Modification of Cooking Exhaust System/Vent Hood \$ 100.

**PART 1: Applicant Information - Location of Modification**

Name of Business: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Daytime Phone No.: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

**PART 2: Modification Contractor/Vendor:**

Name: \_\_\_\_\_

Address.: \_\_\_\_\_ Phone No \_\_\_\_\_

**PART3: Plans Prepared By:**

Name: \_\_\_\_\_

Address.: \_\_\_\_\_ Phone No \_\_\_\_\_

Name & Number of Contact Person for Additional Information: \_\_\_\_\_

**Person to contact with questions concerning this application**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SIGNATURE OF APPLICANT (ALL PERMITS)**

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: \_\_\_\_\_

**\*\* Make checks payable to Town of Riverhead**