

**TOWN OF RIVERHEAD ~ OFFICE OF THE FIRE MARSHAL**

200 Howell Avenue, Riverhead New York 11901 (631) 727-3200 ext. 601 Fax (631) 727-3370

**FIRE PREVENTION CONSTRUCTION PERMIT APPLICATION**

**FEE: \$100 (TRUSS CONSTRUCTION) ADDITIONAL \$50 FEE**

**\*\* Applications must be completed in full. Incomplete applications will be returned.**

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

Bldg Dept. ZB# \_\_\_\_\_

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

TOR Permit/Receipt No. \_\_\_\_\_

**ATTACH: ONE (1) SET OF BUILDING CONSTRUCTION PLANS.**

PART 1A: New Construction: \_\_\_\_\_ OR Alteration: \_\_\_\_\_

Address of Construction/Alteration \_\_\_\_\_

Business Name of Building / Occupant \_\_\_\_\_

Type of Building Occupancy (Specify from NYS Building Code) \_\_\_\_\_

*In accordance with 19 NYCRR Part 1264, if the building under construction is of "Truss Type" construction an additional fee of \$50 is required. Will the building utilize truss construction? If so, please describe construction type (ex: Type Vb) and where the truss system will be located (ex: roof, floor, roof & floor). \_\_\_\_\_*

Description of work to be performed: \_\_\_\_\_

\_\_\_\_\_

Do you plan to install a Fire Alarm System? \_\_\_\_ Yes \_\_\_\_ No

Do you plan to install a Fire Sprinkler System? \_\_\_\_ Yes \_\_\_\_ No

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**PART 1B: Applicant Information**

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

Is Property Owner the Applicant? \_\_\_\_ Yes \_\_\_\_ No Daytime Phone No: \_\_\_\_\_

MAILING Address of Applicant: \_\_\_\_\_

Name & Number of Contact Person for Additional information:

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