

TOWN OF RIVERHEAD - FIRE PREVENTION PERMIT APPLICATION  
4 W Second Street, Riverhead New York 11901 (631) 727-3200 x 601

## PLACES OF ASSEMBLY

(50 OR MORE PERSON OCCUPANCY)

ANNUAL OPERATIONAL PERMIT – Fee Based on Occupancy

<b>50-250</b> \$258	<b>251-500</b> \$413	<b>501-1,050</b> \$723	<b>Over 1,050</b> \$1,033	<b>Place of Worship</b> \$0
---------------------	----------------------	------------------------	---------------------------	-----------------------------

*Date of Application:* \_\_\_\_\_ *Tax Map No.* \_\_\_\_\_ *Permit Number.* \_\_\_\_\_

### Applicant Information:

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

Address of Business: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

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

**Contact Person -Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Emergency Contacts: 1. \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

2. \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

**Please attach:**

- Insurance Co. Name & Address and Policy Holder Name & Address
- Updated Certification of Inspection for Fire Alarm and Fire Sprinkler System (*if applicable*)
- Copy of Emergency Evacuation Plan

**If Applicable:** (*Commercial Kitchen*)

#### Fixed Extinguishing System Inspection:

Date of Inspection: \_\_\_\_\_ Company name: \_\_\_\_\_ License # \_\_\_\_\_

#### Cooking Exhaust System/Vent Hood:

Date of Last Cleaning: \_\_\_\_\_ Company Name: \_\_\_\_\_ License # \_\_\_\_\_

***Make check payable to: TOWN OF RIVERHEAD***  
***SIGNATURE OF 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. This applicant hereby gives permission to Town of Riverhead Fire Marshal to conduct a fire safety inspection in accordance with Fire Prevention Code of State of New York.*

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

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

Revised 9/2023