

INSTALLATION PERMIT APPLICATION – do not photocopy

TOWN OF RIVERHEAD ~ FIRE PREVENTION
4 W Second Street, Riverhead New York 11901 (631) 727-3200 x601

Date of Application: _____ Fee:* (below) _____ TOR File (FM use only) _____

TYPE OF PERMIT

Installation of:

- | | |
|---|--|
| <input type="checkbox"/> Fire Alarm | \$ 250. (for first 25 devices) ADD \$5. per each additional device |
| <input type="checkbox"/> CO Detection System | \$ 250. (for first 25 devices) ADD \$5. per each additional device |
| <input type="checkbox"/> Fire Sprinkler System | \$ 250. (for first 25 devices) ADD \$5. per each additional device |
| <input type="checkbox"/> Installation of Automatic Fixed Pipe Ext. System (cooking equipment) | \$ 250. |
| <input type="checkbox"/> Installation of Automatic Fixed Pipe Ext. System (dry chemical) | \$ 250. |
| <input type="checkbox"/> Installation of Cooking Exhaust System/Vent Hood | \$ 200. |
| <input type="checkbox"/> Installation of Liquefied Petroleum Gas | \$300. (for first 10,000 gals) ADD \$0.01 per each gallon in excess thereof |
| <input type="checkbox"/> Installation of Combustible & Flammable Liquids Tank | \$ 300- Aboveground \$ 350- Underground |
| <input type="checkbox"/> Installation of a Knox Box | \$ 75 |
| <input type="checkbox"/> Emergency Lighting | \$250 |
| <input type="checkbox"/> Emergency Responder Radio System | \$300 |

PART 1: Location of Installation

Name of Business (*where system being installed*) _____

Tax Map No. _____

Street Address of Installation: _____

Mailing Address (*if different*): _____

PART 2: Installation Contractor/Applicant:

Name: _____

Address.: _____ Phone No _____

PART3: Plans Prepared By:

Name: _____

Address.: _____ Phone No _____

Person to contact with questions concerning this application

Name: _____ Phone Number: _____ Email _____

SIGNATURE OF APPLICANT (ALL PERMITS)

The accuracy of the information, plans, diagrams and other facts submitted in conjunction with this application, are the responsibility of the applicant.

Signature of Applicant _____ Date: _____

PLEASE ALLOW 2 – 4 WEEKS FOR REVIEW

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

additional applications may be obtained: www.townofriverheadny.gov