

MODIFICATION PERMIT APPLICATION

Tax Map No. _____

(Office use only)

TOWN OF RIVERHEAD

FIRE PREVENTION PERMIT APPLICATION

4 W Second Street, Riverhead New York 11901 (631) 727-3200 x601

Date of Application: _____ Fee:*(below) _____ TOR File/Receipt No. _____
(Office use only)

TYPE OF PERMIT

Modification of:

Fire Alarm System/ CO Detection \$ 103. (for first 5 devices**)
 Fire Sprinkler System \$ 103. (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) \$ 103
 Modification of Automatic Fixed Pipe Ext. System (dry chemical) \$ 103.
 Modification of Cooking Exhaust System/Vent Hood \$ 103.

PART 1: Location of Modification

Name of Business: _____

Street Address: _____

Mailing Address (if different): _____

PART 2: Modification Contractor/Vendor:

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 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**