



Village of Mastic Beach-Office of the Fire Marshal

Post Office Box 521, 369 Neighborhood Road Mastic Beach, NY 11951
Voice: 631-379-6450 Fax: 631-772-2432 Email: MBFM41@gmail.com

MBFM004 6/2011

PERMIT APPLICATION

Initial Resubmittal

Scope

- Fire alarm installation or modification
 - Sprinkler system installation or modification
 - Firestopping
 - Fireworks
 - Construction
 - Propane/Natural Gas Installation
 - Fixed Suppression system Installation
 - Hood and Duct System installation
 - Special Event/Other:
- Project Type: New Alteration/Renovation
- Occupancy Type: Commercial Residential

Property

Date of Application:

Project Name:

Property Owner:

Project Address:

Applicant Name:

Applicant Address:

City: State: Zip: Phone:

Applicant Rep Resp for project:

Cell Phone: Email:

Declaration

By printing and signing my name to this application, I state that I have completed all of the required paperwork and answered all questions accurately, completely and truthfully. I am fully aware that providing false and/or inaccurate information on this application or any documents relating to this application, is a violation of Section §210.45 of the New York State Penal Law for which I can be fined and/or arrested.

I am also aware that this information is required to be filed under the Code of the Village of Mastic Beach and failure to do so can result in legal action against the owners/operators of this property/establishment.

NOTES:
If approved, this permit is issued and accepted on condition that the provisions of the Code of the Incorporated Village of Mastic Beach and any/all additional codes, laws, rules, regulations, requirements or specifications will be fully complied with. Any violation of said codes, laws rules, regulations, requirements or specifications will result in the immediate revocation of this permit. No responsibility rests upon the Incorporated Village of Mastic Beach, the Fire Marshal any Fire Department or Fire District by reason of this permit.

If any field of this application is left blank, the application will be rejected and you will be responsible to repay the review fee. If you have a question when completing the form, contact this office for assistance.

Submitting this application does not grant you the right to start any work until such time as you receive written approval from this office. Any violation of this will result in legal action against all parties involved.

Signature: Print:

OFFICE USE ONLY Status		OFFICE USE ONLY Fee Paid		OFFICE USE ONLY Disposition	
<input type="checkbox"/> Approved	FM: <input type="text"/>	Amount: <input type="text"/>	<input type="checkbox"/> Mailed	<input type="checkbox"/> Left at Village	
<input type="checkbox"/> Rejected	Date: <input type="text"/>	<input type="checkbox"/> Check <input type="checkbox"/> M.O.	Document #: <input type="text"/>		
		<input type="checkbox"/> Cash #:			