

**Town of Orangetown**  
**Bureau of Fire Prevention**  
20 Greenbush Road  
Orangeburg, N.Y. 10962  
Ph(845)365-0204/0280\*fax(845)365-0241

**Application for Certificate of Compliance-Fire Safety-Public Assembly**

**\*For a New Usage a Floor Plan Must Be Attached to This Application\***

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
Hamlet: circle one: Blauvelt----Orangeburg----Sparkill----Pearl River----Tappan Other: \_\_\_\_\_  
Business Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Business Fax# ( ) \_\_\_\_\_ - \_\_\_\_\_ .  
Type of Business \_\_\_\_\_  
Approximate Square Footage of Occupancy: \_\_\_\_\_  
Application Fee-Based on Calculated Capacity of Persons: 0-50 \$50.00, 51-100 \$75.00, 101-300 \$100.00  
301-Over \$0.50 Per Person. Total Fee \$ \_\_\_\_\_  
Name of Contact Person/Business Owner: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone # other then Business Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Name of Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_ - \_\_\_\_\_  
**Fire Alarm System?** Yes/No Date of Last Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fire Alarm Co? \_\_\_\_\_  
Location of Fire Alarm Panel? \_\_\_\_\_  
\*Fire Alarm is required to be inspected quarterly  
**Fire Sprinkler System?** Yes/No Date of Last Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*must be done annually  
Fire Sprinkler Co? \_\_\_\_\_ Location of Sprinkler Controls? \_\_\_\_\_  
Location of Fire Department Connection? \_\_\_\_\_  
**Fire Extinguishers?** Yes/No Date of Last Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Kitchen Hood Fire Suppression System?** Yes/No Date of Last Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Suppression System Co? \_\_\_\_\_ \*Inspection must be done every 6 months  
**Kitchen Hood & Duct system:** Date of Last Cleaning: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Certification of Cleaning Sticker in Place on Hood? Yes/No Cleaning Co: \_\_\_\_\_  
**Hazardous Materials:** Is There Any Storage of Hazardous Materials? Yes/No If Yes a Separate  
Hazardous Materials Permit is Required.  
Name of Applicant: (print only) \_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_

**OFFICE USE ONLY**

Occupancy Classification: \_\_\_\_\_ Reciept # \_\_\_\_\_  
Posted Occupancy# \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
C of C # \_\_\_\_\_ Date recvd: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Comments: \_\_\_\_\_