

Town of Orangetown
Bureau of Fire Prevention
845-365-0204 Fax 845-365-0241

Application for Certificate of Compliance Fire Safety General Occupancy
Chapter 15, Article XXXIV Fire Prevention

Section:_____ Block:_____ Lot:_____

Name of Business:_____

Address of Business:_____

Hamlet:_____ Phone:_____

Description of Business:_____

Approximate Square Footage of Occupancy:_____ Fee:_____

Name of Contact Person:_____ Title:_____

Telephone Number:_____ Fax:_____

Name of Property Owner:_____

Address:_____

Fire Alarm System?_____ Date of Inspection:_____

Fire Sprinkler System?_____ Date of Inspection:_____

Fire Extinguishers?_____ Date of Inspection:_____

Is there storage or use of any Hazardous Materials?_____

If so, Separate Hazardous Material Permit Required.

For a new usage a copy of the floor usage must be attached.

Name of Applicant:_____

Signature of Applicant:_____ Date:_____

Office Use Only

Occupancy Classification:_____

Receipt # :_____ Fee:_____

Certificate of Compliance # :_____ Dated_____

Comments:_____
