

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

Application for Certificate of Compliance –Fire Safety-**Multiple Residence**
Chapter 15, article XXXIV Fire Prevention

Section: _____ Block: _____ Lot: _____
Name of Multiple Residence: _____
Address: _____
Number of Units: _____
Name of Contact Person: _____
Address of Contact Person: _____
Phone # of Contact Person: _____ - _____ - _____ Email _____
Name of Property Owner: _____
Address of Property Owner: _____
Phone # of Property Owner: _____ - _____ - _____ Email _____
Fire Alarm System? _____ Date of Inspection ____/____/____
Fire Alarm System Panel Location: _____
Fire Alarm Company: _____
Fire Sprinkler System? _____ Date of Inspection ____/____/____
Fire Sprinkler Valve Location: _____
Fire Sprinkler Company: _____
Fire Extinguishers? _____ Date of Inspection ____/____/____
Fee: \$44.00 for First Three Living Units, \$11.00 Each Additional Living Unit \$ _____
Name of Applicant: _____
Signature: _____ Date ____/____/____

FOR A NEW USAGE A COPY OF THE FLOOR PLAN MUST BE ATTACHED.

OFFICE USE ONLY

Occupancy Classification: _____ Receipt# _____
Number of Units: _____ Fee \$ _____
Certificate of Compliance# _____ Dated _____
Comments: _____

