Application for Certificate of Compliance Fire Safety General Occupancy

Section:_____ Block:_____ Lot:_____

Name of Business:_____

Address of Business:_____

Business Email: _____

Hamlet:_____ Phone:_____

Description of Business:_____

Approximate Square Footage of Occupancy:_____ Fee:_____

Name of Contact Person: _____

Telephone Number: _____Title: _____

Email: _____

Name of Property Owner:_____

Address:_____

Phone Number: _____Email: _____

Fire Alarm System?_____ Alarm Company:_____

Fire Sprinkler System?_____ Sprinkler Company:_____

Is there storage or use of any Hazardous Materials?_____

If so, Separate Hazardous Material Permit may be required.

Is this a New Use? _____ New Tenant? _____ New Owner? _____

For a new Use a copy of the floor plan must be attached.

Name of Applicant:_____

Signature of Applicant:_____ Date:_____

Office Use Only

Occupancy Classification:_____

Receipt #:_____ Fee:_____

Certificate of Compliance #:_____ Dated_____

Comments:_____

Town of Orangetown

BUREAU OF FIRE PREVENTION

20 Greenbush Road

Orangeburg, NY, 10962

Ph. (845)365-0204 Fax (845)365-0204

fireinspector@orangetown.com

I the undersigned applicant for the premise located at: _____

_____, in the hamlet of _____

_____, in the town of Orangetown, do understand that full compliance with all applicable fire codes of the Town of Orangetown and the state of New York must be complied with and that a Certificate of Compliance Fire Safety issued by the Bureau of Fire Prevention must be issued prior to opening or occupying the above named premise for business or multiple residence.

FAILURE TO OBTAIN A CERTIFICATE OF COMPLIANCE FIRE SAFETY PRIOR TO OPENING AND OR OCCUPYING SAID PREMISE FOR BUSINESS OR MULTIPLE RESIDENCE MAY RESULT IN THE APPROPRIATE LEGAL ACTION

_____   _____/_____/_____

Occupant / Applicant Signature   Date of Application

_____   _____

Business or Multiple Residence Name   Fire Inspector receiving application

_____/_____/_____   _____

Date of Final Inspection   Fire Inspector Performing Final Inspection

(Print name):_____   (signature):_____

Applicant or Responsible Person for Applicant (at final inspection)

ANY REQUIREMENTS OF THE ORANGETOWN BULIDING DEPARTMENT MUST BE COMPLIED WITH PRIOR TO THE ISSUING OF A CERTIFICATE OF COMPLIANCE FIRE SAFETY.

C OF C SIGNATURE FORM