

# INSTALLATION PERMIT APPLICATION – do not photocopy

TOWN OF RIVERHEAD ~ FIRE PREVENTION  
201 Howell Avenue, Riverhead New York 11901 (631) 727-3200 x601

Date of Application: \_\_\_\_\_ Fee:\* (below) \_\_\_\_\_ TOR File (FM use only) \_\_\_\_\_

## TYPE OF PERMIT

### Installation of:

- Fire Alarm \$ 250. (for first 25 devices) **ADD \$5.** per each additional device
- CO Detection System \$ 250. (for first 25 devices) **ADD \$5.** per each additional device
- Fire Sprinkler System \$ 250. (for first 25 devices) **ADD \$5.** per each additional device
- Installation of Automatic Fixed Pipe Ext. System (cooking equipment) \$ 250.
- Installation of Automatic Fixed Pipe Ext. System (dry chemical) \$ 250.
- Installation of Cooking Exhaust System/Vent Hood \$ 200.

### PART 1: Location of Installation

Name of Business (where system being installed) \_\_\_\_\_

Tax Map No. \_\_\_\_\_

Street Address of Installation: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

### PART 2: Installation Contractor/Applicant:

Name: \_\_\_\_\_

Address.: \_\_\_\_\_ Phone No \_\_\_\_\_

### PART3: Plans Prepared By:

Name: \_\_\_\_\_

Address.: \_\_\_\_\_ Phone No \_\_\_\_\_

### Person to contact with questions concerning this application

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### SIGNATURE OF APPLICANT (ALL PERMITS)

The accuracy of the information, plans, diagrams and other facts submitted in conjunction with this application, are the responsibility of the applicant.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE ALLOW 2 – 4 WEEKS FOR REVIEW

\*\* Make checks payable to Town of Riverhead \*\*  
additional applications may be obtained: [www.townofriverheadny.gov](http://www.townofriverheadny.gov)