

**TOWN OF SOUTHEAST BUILDING DEPARTMENT**  
**One Main Street Brewster, NY 10509 845-279-2123, fax 845-279-3137**

**SPRINKLER PERMIT APPLICATION**

SPRINKLER Permit # _____ Date Application Received _____ Permit Issue Date _____ Approved by Zoning _____, Bldg _____ <b>(office use only)</b>
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**Property Address:** \_\_\_\_\_  
Tax Parcel Id: \_\_\_\_\_ Zoning District: \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ email \_\_\_\_\_

**Tenant Info:**  
Business Name \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Business Owner \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Owner's Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ email \_\_\_\_\_

**Contractor:**  
Name \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Address: Street \_\_\_\_\_ email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Putnam County License # \_\_\_\_\_

**PROJECT DESCRIPTION** \_\_\_\_\_

With your application, submittal of accurate plans and specifications (Sprinkler piping diagram) for all work to be completed is required.

Applicant must provide a copy of their current Putnam County License and workers compensation and liability insurance certificates. Acceptable workers comp forms include CE-200, C105.2 (9/07) and U26.3. (Both with the Town of Southeast listed as certificate holder and additionally insured).

No work may be started until a permit for the work is issued. Work started without a permit will result in a Stop Work Order being issued.

At the completion of the project, the contractor shall provide the Town of Southeast Building Department with written certification indicating that all equipment for any system, whether fired by natural gas, propane, fuel oil, or electrical, has been installed in accordance with applicable NYS Codes, the National Fuel Gas Code, and the National Fire Protection Association.

**New Construction**

Commercial €   Single Family Residential €   Multi-Unit Residential €

Estimated Cost \$ \_\_\_\_\_ (based on all equipment and labor included in permit application).

**Renovation/Addition**

Commercial €   Tenant Space €   Single Family Residential €   Multi-Unit Residential €

Estimated Cost \$ \_\_\_\_\_ (based on all equipment and labor included in application)

The Owner/Applicant and Licensed Sprinkler Contractor agree to comply with all applicable laws of this jurisdiction, adhere to the plans and specifications submitted and permit Building Department personnel to perform required inspections.

Applicant's Name \_\_\_\_\_ (attach owner consent form)

Owner/Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Licensed Contractor Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Application Fees**

Installation Fee \_\_\_\_\_

CC Fee \_\_\_\_\_

Total Fees (check or money order payable to Town of Southeast) \_\_\_\_\_

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Owner Consent Form

- Completion of this form is required when the applicant is not the property owner

Parcel Id # \_\_\_\_\_ Address \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone \_\_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We, \_\_\_\_\_, owners(s) of the  
above property hereby give my/our permission to \_\_\_\_\_  
(applicant name) to submit the above identified building permit application on my/our  
behalf and to represent me/us in all proceedings concerning the referenced application.

\_\_\_\_\_ Date \_\_\_\_\_

Owner (s) Signature(s)

Sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

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Notary Public