

TOWN OF SOUTHEAST BUILDING DEPARTMENT
One Main Street Brewster, NY 10509 845-279-2123, fax 845-279-2971

SPRINKLER PERMIT APPLICATION

SPRINKLER Permit # _____ Date Application Received _____ Permit Issue Date _____ Approved by Zoning _____, Bldg _____ (office use only)

Property Address: _____
Tax Parcel Id: _____ Zoning District: _____

Property Owner Name: _____ Phone(s): _____
Street Address: _____
City _____ State _____ Zip Code _____

Tenant Info:
Business Name _____ Phone(s): _____
Business Owner _____ Phone(s): _____
Owner's Address: Street _____
City _____ State _____ Zip Code _____

Contractor:
Name _____ Phone(s): _____
Address: Street _____
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.

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) _____

Town of Southeast Building Department

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Owner Consent Form

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

Parcel Id # _____ Permit # _____

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
 _____, _____.

Notary Public