



Nassau County Fire Commission

Office of the Fire Marshal

1194 Prospect Avenue

Westbury, N.Y. 11590

(516) 573-9900

nassaucountyny.gov/firemarshal

Sprinkler Head Relocation Permit Application

(For relocation of less than 25 sprinkler heads only)

Make Checks Payable to: "Nassau County Treasurer"

Site Information (Location where work is to be performed)

Business Name _____

Former Tenant Name (if applicable) _____ Phone # _____

Jobsite Address _____

Village _____ State _____ Zip _____

Brief description of proposed relocated sprinkler work to be performed (include number of heads to be relocated):

Licensed Sprinkler System Installer Information

Business/Corporation Name _____ Federal ID # _____

D/B/A Name (If different from above) _____

Mailing Address _____

Village _____ State _____ Zip _____ Phone # _____

Statement

I, the undersigned, understand that the issuance of a permit for the type which herein applied for is based on the agreement to conform to the regulations and requirements of the Nassau County Fire Marshal's Office. I further understand that noncompliance of said requirements, by myself or any officer or employee of the firm or the individual signing as installer on this form, shall be cause for revocation of said permit. Upon revocation of said permit the applicant or any employee of the applicant shall be prohibited to conduct such work for which this permit was issued. The re-issuance of a permit shall be based upon review of the circumstances leading to the revocation, by the Fire Marshal.

Any false statement(s) made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Installer (Print Name)

Title

Installer (Signature)

Date

For Fire Marshal Use Only

Permit # _____ Cash Recpt. ID _____ Location ID _____

Date Issued _____ Check # _____ Fee on Acct. ID _____

Amount Rcvd. _____ Lic. Installers ID# _____ Expiration _____

Sprinkler Head Relocate Permit shall be on site for the duration of the job