



Nassau County Fire Commission

Office of the Fire Marshal

1194 Prospect Avenue

Westbury, N.Y. 11590

(516) 573-9900

nassaucountyny.gov/firemarshal

Request for Inspection

Type - Check Only One

- | | |
|--|--|
| <input type="checkbox"/> Automatic Fire-Extinguishing System (Kitchen) | <input type="checkbox"/> Grease Duct Rough-in/Black Iron |
| <input type="checkbox"/> Automatic Fire Suppression System (Dry Chem) | <input type="checkbox"/> Grease Hood & Duct Exhaust System |
| <input type="checkbox"/> Bulk Tank Foam Extinguishing System | <input type="checkbox"/> Loading Rack Extinguishing System |
| <input type="checkbox"/> Clean Agent Fire-Extinguishing System | <input type="checkbox"/> LPG Installation |
| <input type="checkbox"/> Fire Alarm & Smoke Detection System | <input type="checkbox"/> Sprinkler System |
| <input type="checkbox"/> Fire Pump | <input type="checkbox"/> Sprinkler System Rough-in/Piping |
| | <input type="checkbox"/> Standpipe System |

Site Information

Location Name: _____ Location ID: _____

Address: _____ T/I: _____

City: _____ Phone: _____

Installing Company Information

I, the undersigned, affirm that the above described system has been installed in accordance with approved plans, manufacturers' specifications, all provisions of the Nassau County Fire Prevention Ordinance and the New York State Uniform Fire Prevention and Building Code, **that the approved plans match the installation, and that the system has been fully pre-tested.**

Company Name: _____ Phone: _____

Requester's Name (print): _____ Title: _____

Requester's Email: _____ Phone: _____

Signature (required): _____ Date: _____

This form shall be submitted no later than seventy-two (72) hours after the completion of the installation.

An expedited inspection may be available for an additional fee.

Fax to -- General: (516) 573-9072 / Industrial: (516) 573-9074 / Special Facilities: (516) 573-9938

A Fire Marshal will contact you to schedule an inspection.

FIRE MARSHAL USE ONLY

Date Received: _____ Location ID: _____ Check #: _____

Assigned FM: _____ T/I #: _____ Amount: _____