



Nassau County Fire Commission

Office of the Fire Marshal

1194 Prospect Avenue

Westbury, N.Y. 11590

(516) 573-9900

nassaucountyny.gov/firemarshal

REQUEST FOR ANNUAL FIRE SAFETY INSPECTION

DAYCARE – NURSERY SCHOOL – PRIVATE/PUBLIC SCHOOL – VOCATIONAL SCHOOL – ADULT ED.

Name _____

Street _____

City, NY Zip _____

Date: _____

LID #: _____

The Nassau County Fire Marshal’s Office provides inspection services of Educational, Institutional, Childcare and Home-Based Practices for Fire Safety Compliance with State and Nassau County requirements.

To apply for an inspection, complete and return this form along with the proper fee as determined in the fee schedule on the reverse side of this application. Fees are based on the size (square footage) of your facility. After receipt of the completed application form and the fee payment has been processed, you will be contacted to schedule the inspection. **You must include a Contact Name, Email and Telephone Number.**

IMPORTANT:

A duly authorized representative must be present at the time of the inspection. That representative must have access to **ALL** Areas of the facility. If areas, including closets, storage, mechanical or electrical rooms cannot be accessed, the inspection will **FAIL**. Should a re-inspection be required due to incomplete access, a new application and fee shall be required for re-inspection before final sign-off can be given.

Complete the back of this form to determine the required fees.

Payment:

Checks made payable to the “**Nassau County Treasurer**” must be submitted with the completed application form to the following address:

Nassau County Fire Marshal

1194 Prospect Avenue

Westbury, N.Y. 11590

For Fire Marshal Use Only

Date _____ Amount Received _____ Check # _____

Loc. ID _____ Fee on Account ID _____ Cash Receipt ID _____

Test Insp. # _____ Test Date _____ Test Time _____ Test Result _____

PLEASE COMPLETE ALL THE FOLLOWING INFORMATION

Please Provide a Contact Email Address and Phone Number

Scheduling Contact:

Contact Name: _____ Phone #: _____

Email: _____ Preferred Day and Time: _____

Test Site Contact:

Contact Name: _____ Phone #: _____

Email: _____

Facility's Licensing Agency:

- OCFS - Office of Children and Family Services
- NYSED - New York State Education Department
- DCJS – Division of Criminal Justice Services
- DOE – Department of Education
- BPSS – Bureau of Proprietary School Supervision
- DOH - Department of Health

Type of Facility: (Check All That Apply)

- | | |
|---|--|
| <input type="checkbox"/> Private School | <input type="checkbox"/> Adult Daycare |
| <input type="checkbox"/> Public School | <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Nursery School | <input type="checkbox"/> Vocational School |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Home Practice | |

Facility Dimensions: (Ground Floor Area: Length x Width)

Length: _____ x Width: _____ = Area: _____

Number of Floors: (above and/or below the ground floor) _____

Fee: (Based on Area)

- Facility with a Floor Area **Less Than** 2,500 sq ft..... Total = \$145.00
- Facility with a Floor Area **Between** 2,500 sq ft and 10,000 sq ft.....Total = \$200.00
- Facility with a Floor Area **Greater Than** 10,000 sq ft..... Total = \$485.00

Total Fee: _____