



Nassau County Fire Commission
Office of the Fire Marshal
 1194 Prospect Avenue
 Westbury, N.Y. 11590
 (516) 573-9900
 nassaucountyny.gov/firemarshal

Application for Accelerated Plan Review

Initial Acceleration **Re-acceleration** (*Previously Accelerated Rejected Plans*)

- | | |
|---|--|
| <input type="checkbox"/> Automatic Fire-Extinguishing System (Kitchen) | <input type="checkbox"/> Grease Hood & Duct Exhaust System |
| <input type="checkbox"/> Automatic Fire Suppression System (Dry Chem) | <input type="checkbox"/> LPG Installation |
| <input type="checkbox"/> Bulk Tank Foam / Loading Rack Extinguishing System | <input type="checkbox"/> Pyrotechnic |
| <input type="checkbox"/> Clean Agent Fire-Extinguishing System | <input type="checkbox"/> Self Service / CCTV |
| <input type="checkbox"/> Emergency Responder Radio Coverage | <input type="checkbox"/> Site |
| <input type="checkbox"/> Fire Alarm & Smoke Detection System / VESDA | <input type="checkbox"/> Sprinkler / Standpipe System |
| <input type="checkbox"/> Flammable Finish | <input type="checkbox"/> Other: _____ |

Checks payable to "Nassau County Treasurer" – \$740 for initial, \$340 for re-acceleration.
Additional fees may apply for large plans or extended reviews.

Site Information (Location for which accelerated plan review is being requested)

Business Name _____ Phone # _____
 Formerly known as (If applicable) _____
 Address _____
 City _____ State _____ Zip _____

Plan Submitter Information

Business Name _____ FM # / License # _____
 Phone # _____ Fax # _____ Email _____

Statement

The fee for accelerated plan review set forth in Article XXII of the NCFPO shall be payable upon application for such review and shall be additional to an amount equal to the hourly overtime rate for each Fire Marshal conducting such review multiplied by a minimum of four hours labor. If such review exceeds four hours, there shall be an additional charge, payable following such accelerated review, equal to the hourly overtime rate for each Fire Marshal conducting such review multiplied by the number of labor hours additional to the initial four-hour period. Plans reviewed on an accelerated basis shall not be released until all fees have been paid.

Applicant/submitter (Print Name)

Title

Applicant/submitter (Signature)

Date

For Fire Marshal Use Only

Cash Receipt. ID# _____ Site Location ID _____ Date Received _____

a) Hourly O/T Rate (x 4 Hrs) \$ _____ + b) Accelerated Fee \$ _____ = Total Amount Required \$ _____

Check # _____ Fee on Acct. ID _____ Total Amount Received _____

Form MUST be printed on Orange paper (Astrobrights #22651 Cosmic Orange)