

SOMERS BUREAU OF FIRE PREVENTION

337 Route 202, Somers, NY 10589
914-277-3539 or 8228 FAX: 914-277-3790

APPLICATION FOR AN AUTOMATIC FIRE ALARM SYSTEM PERMIT

For Office Use Only: Permit # _____ Date Issued _____ Fee: **\$75.00**
(Make checks payable to: Town of Somers)

PLEASE PRINT:

Owner's Name: Last _____ First _____

Location of Fire Alarm: 911# _____ Street _____
Section _____ Block _____ Lot _____

Mailing Address: _____

Phone #: _____ 24 Hour Emergency Phone #: _____

Emergency Contact Name(s) Phone Number(s):

Fire Alarm System Company:

Name, Address & Phone #:

New York State License #: _____

Type of System (Please check one):

Local Alarm Only (Local) _____ To Central Station _____

Complete Information Below:

Name, Address & Phone #: _____

Number Of:

Smoke Detectors _____ Heat Detectors _____ Pull Stations _____

Other Detectors & Type _____

Location of Fire Control Panel: _____

The exact wording of any message that will be transmitted to the Fire Department must be approved by the Bureau of Fire Prevention. The system is to be maintained in accordance with Chapter 62 of the Somers Code and NFPA standards.

Signature of Owner: _____ **Date:** _____