

SOMERS BUREAU OF FIRE PREVENTION
337 Route 202, Somers, NY 10589
PHONE: 914-277-8228 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):

To Central Station _____ Local Alarm Only _____

Complete Information Below:

Name, Address & Phone #: _____

Number Of:

Smoke Detectors _____ Heat Detectors _____ Pull Stations _____ Carbon Monoxide _____

Other Detectors & Type _____

Location of Fire Control Panel: _____

The system is to be maintained in accordance with Chapter 62 of the Somers Code and NFPA standards.

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