



BUREAU OF FIRE PREVENTION
 TOWN-VILLAGE OF HARRISON
 ALFRED F. SULLA, JR. MUNICIPAL BUILDING
 1 HEINEMAN PLACE
 HARRISON, NEW YORK 10528



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APPLICATION FOR ANNUAL PERMIT

DATE OF APPLICATION: _____ FEE: _____

TYPE OF PERMIT: Commercial Fire Suppression/Sprinkler Smoke & Heat Detection
 Overcooking/Kitchen Hood System Gases used for Welding
 Commercial Storage of Flammable Liquids Day Care/Nursery

BUILDING LOCATION: _____
 (Street address, city, state, zip)

CONTACT NAME & PHONE NUMBER:

NAME OF PROPERTY OWNER: _____

ADDRESS: _____
 (Street address, city, state, zip)

OWNER'S PHONE NUMBER:

NAME(S) OF COMMERCIAL TENANT(S), IF ANY (attached a list if several):

TYPE OF BUSINESS: _____

A TEST CERTIFICATION FROM YOUR FIRE ALARM COMPANY, FIRE SPRINKLER COMPANY, OR COMPANY MAINTAINING OVER COOKING SUPPRESSION SYSTEM MUST BE SUPPLIED WITH THIS APPLICATION. THIS CERTIFICATION MUST BE FROM THE CURRENT YEAR.

A CHECK FOR THE FEE, MADE PAYABLE TO THE TOWN OF HARRISON, MUST BE RETURNED TO THIS OFFICE WITH THE APPLICATION AND TEST CERTIFICATION.

*ANNUAL PERMITS EXPIRE ON DECEMBER 31st.