



TOWN – VILLAGE OF HARRISON  
**BUREAU OF FIRE PREVENTION**  
One Heineman Place, Harrison, NY 10528  
Phone 914-670-3000 Fax 914-670-3170  
www.harrison-ny.gov



## **APPLICATION FOR FIRE PREVENTION PERMITS** **PERMIT TO INSTALL SMOKE & HEAT DETECTION SYSTEMS**

THREE SETS OF PLANS AND APPLICABLE FEES MUST BE SUBMITTED WITH ALL APPLICATIONS. FEES ARE NON-REFUNDABLE. CHECK OR MONEY ORDER MADE PAYABLE TO THE TOWN OF HARRISON. **ONE CHECK PER APPLICATION**

APPLICATION NO.: \_\_\_\_\_ DATE FILED: \_\_\_\_\_

### **CHOOSE ONE**

- |  |           |
|--|-----------|
| <input type="checkbox"/> INSTALLATION OF 1-25 HEADS          | \$400.00  |
| <input type="checkbox"/> INSTALLATION OF 26-100 HEADS        | \$600.00  |
| <input type="checkbox"/> INSTALLATION OF MORE THAN 100 HEADS | \$1000.00 |

PROPERTY ADDRESS \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT(S) \_\_\_\_\_

Description of system to be modified/installed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Owner**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_

### **Commercial Tenant (if any)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### **Design Professional (must be licensed in the State of New York)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### **Installer (must be licensed in New York State)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_ NYS Alarm License # \_\_\_\_\_

### **FOR OFFICE USE ONLY:**

PERMIT FEE \_\_\_\_\_ DATE: \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_