



Building Department

Town Hall, 363 Underhill Avenue, Yorktown Heights, NY 10598
Tel. (914) 962-5722 ext.233 Fax (914) 962-1731

Application for Fire Alarm Installation Permit

PERMIT No. _____ <small>(Office use only)</small>	DATE: _____
--	-------------

Applicant: Complete all information lines, below, except those marked "Office use only".

Name of Owner _____ Telephone # _____

Present Address of Owner* _____

Address/Location of proposed construction _____

Section _____ Block _____ Lot(s) _____ Verified by _____ Date _____

Is there a Building Permit for this job? Yes _____ No _____

If "Yes", what is the Building Permit number? _____

Proposed Work _____

Zoning District _____ (Please note that the distance equipment must be from lot lines differs by district.)

Contractor _____ Telephone # _____

Address _____ EMAIL _____

Name of Electrician _____ Phone # _____ License # _____

W. C. Home Improvement Contractors Lic. # _____ (Residential Only)

Total estimated cost of work \$ _____

The undersigned applicant hereby agrees to comply with all applicable provisions of the Code of the Town of Yorktown, and with all other Laws, Codes, Rules and Regulations applicable to the proposed work.

NAME OF CONTACT PERSON (Please print)

SIGNATURE OF OWNER / AGENT*

* If signed by other than the owner, a letter of authorization from the owner must be submitted with this application.

Telephone # _____ Email _____ Fax # _____

_____ <small>(Office Use Only)</small>	_____
The valuation of the work is determined to be \$ _____. The Permit fee is fixed at \$ _____ in accordance with Chapter 15 of the Code of the Town of Yorktown (See reverse side).	
DATE _____	_____ BUILDING INSPECTOR, TOWN OF YORKTOWN

