



# Ithaca Fire Department

Fire Prevention Bureau

310 West Green Street

Ithaca, New York 14850

Tel: (607) 272-1234

Fax: (607) 272-2793

Email: Firemarshal@cityofithaca.org

## Fire Protection System Installation/ Alteration Operating Permit Application

Application Date: \_\_\_ / \_\_\_ / \_\_\_

Building Permit Number:

### Applicant Information:

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_ - \_\_\_ - \_\_\_ Home/ Business      \_\_\_ - \_\_\_ - \_\_\_ Cell

### Installation Location Information:

Location Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Fire Protection System Information

Type of Work:     Addition     Alteration     New Installation     Removal & Replacement

### Systems to be changed:

Fire Alarm- Detection (FCNYS 907)

Alternative Suppression (FCNYS 904)

Fire Sprinkler (FCNYS 903)

Emergency Alarm (FCNYS 908)

Fire Standpipe (FCNYS 905)

Smoke Control (FCNYS 909)

Fire Pump (FCNYS 913)

**ALL REQUIRED DOCUMENTS FOR THE ABOVE REQUESTED WORK HAVE BEEN SUBMITTED WITH THIS APPLICATION TO OUR OFFICE FOR REVIEW AND APPROVAL?**

YES

NO

*I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE INSTALLATION REQUIREMENTS OF THE NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE AND THE FIRE PREVENTION CODE OF THE CITY OF ITHACA REGARDING THE INSTALLATION OR ALTERATION OF FIRE PROTECTION SYSTEMS AND THAT I WILL ASSUME RESPONSIBILITY FOR COMPLYING WITH THOSE REGULATIONS.*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_