



**TOWN OF BABYLON**  
**DIVISION OF FIRE PREVENTION**  
**GILBERT W. HANSE, FIRE MARSHAL**  
 999 NORTH INDIANA AVENUE  
 LINDENHURST, NEW YORK 11757-2199  
 TEL: (631) 957-3009 FAX (631) 957-3107  
 EMAIL: [babylonfiremarshal@townofbabylon.com](mailto:babylonfiremarshal@townofbabylon.com)



**FIRE PREVENTION FORM 2**  
**APPLICANT INSTALLER INFORMATION**

**DO NOT WRITE IN THIS BOX**

Application No. \_\_\_\_\_  
 Required Fee \_\_\_\_\_  
 CTM \_\_\_\_\_  
 Fire District \_\_\_\_\_

INSTALLER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL: \_\_\_\_\_

NEW YORK STATE OR LOCAL LICENSE # \_\_\_\_\_

INSTALLER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTARY SECTION** → → → → → SWORN TO BEFORE ME THIS \_\_\_\_\_  
 DAY OF \_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

**INSTALLATION LOCATION INFORMATION**

BUSINESS NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX # \_\_\_\_\_

\_\_\_\_\_  
 EMAIL: \_\_\_\_\_

PRESIDENT/  
 OWNER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTARY SECTION** → → → → → SWORN TO BEFORE ME THIS \_\_\_\_\_  
 DAY OF \_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

**PERMIT TYPE (FEES AS PER ATTACHED SCHEDULE ON THE BACK OF THIS FORM)**

- WORK CONSTRUCTION REVIEW AND INSPECTION SERVICES
- COMMERCIAL OR KITCHEN FIXED FIRE SUPPRESSION SYSTEMS
- PLAN REVIEW AND INSPECTION TEST OF FIRE SPRINKLER SYSTEM
- FIRE DETECTION AND FIRE ALARM SYSTEMS

**NOTE:** 1. ALL PERMIT APPLICATIONS ARE REQUIRED TO BE SIGNED AND NOTARIZED.  
 2. THREE SETS OF PLANS AND SPECIFICATIONS STAMPED BY A NEW YORK STATE LICENSED ARCHITECT OR ENGINEER MUST BE SUBMITTED WITH THIS APPLICATION.  
 3. COPY OF APPROPRIATE LICENSE MUST BE SUBMITTED; NEW YORK STATE FIRE ALARM INSTALLER LICENSE -- VALID PLUMBING LICENSE OR ELECTRICIAN'S LICENSE.

