



Town of Southampton  
DIVISION OF FIRE PREVENTION

18 Jackson Avenue  
Hampton Bays, NY 11946  
Telephone: 631-702-2919  
Fax: 631-728-3688

**John J. Rankin**  
Chief Fire Marshal

**HOOD & DUCT SYSTEM INSTALLATION PERMIT APPLICATION – 20**

Date of Application: \_\_\_\_\_

PERMIT NUMBER: CVRS 21- \_\_\_\_\_

**\*\* PLEASE NOTE ALL 2021 FEES INCLUDE FINAL ACCEPTANCE TEST\*\***

- New \$250
- Alteration \$175 (Changes must be clearly identified on submitted plans)
- Amended Plans \$100.00
- Re-inspection fee \$50 (per visit)

**\*\* Make checks payable to Town of Southampton\*\***

**PART 1: Installation Contractor/Vendor:**

Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No \_\_\_\_\_

Name & Number of Contact Person for Additional Information: \_\_\_\_\_

Brief explanation of work to be done: \_\_\_\_\_

**PART 2: Installation Location Information**

Name of Business \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Daytime Phone No.: \_\_\_\_\_

Installation location: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Property Owner Name (if different from Business owner): \_\_\_\_\_

The accuracy of the information, plans, diagrams and other facts submitted in conjunction with the application are the responsibility of the applicant. Any false statement made herein is punishable as a misdemeanor, pursuant to Section 210.45 of the New York State Penal Law.

**Signature of Applicant** \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE INCLUDE SELF-ADDRESSED, STAMPED ENVELOPE FOR COPY OF PLANS REVIEW AND PERMIT.\***

**Proof of Workers Compensation Compliance must be submitted with application, unless on file.**  
As per Section 57 and Section 200 of the NYS Workers' Compensation Law, Section 57 and Section 220 of the New York State Workers' Compensation Law and Section 125 of the General Municipal Law effectively immediately we will be requiring that either a valid certificate proving compliance be on file or that one be submitted with the application.

<b>**** OFFICE USE ONLY ****</b>	
Tax Map # _____	Check/Cash _____ Fee _____
Receipt# _____	<input type="checkbox"/> <b>Workers Compensation</b> -Expiration Date: _____
Workflow # _____	<input type="checkbox"/> Incomplete: _____ Date Received Info: _____
	Fire Marshal _____ Date _____
	( ) Approved ( ) Denied/Reason