



22 Main Street, Ste. 3, Scottsville, NY 14546
585-889-6050 phone 585-889-2505 fax
www.scottsvillenyny.org

AUTOMATIC FIRE ALARM PERMIT APPLICATION

NEW PERMIT

RENEWAL

PROPERTY DATA:

NO: _____ STREET: _____
CITY: _____ STATE: _____ ZIP: _____
BUSINESS NAME: (IF APPLICABLE) _____

OWNER DATA:

NAME: _____ NO: _____ STREET: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ EMERGENCY PHONE: _____

ALARM TYPE: CHECK ALL THAT APPLY

RESIDENTIAL NON-RESIDENTIAL SPRINKLER SPECIAL EXTINGUISHING SYSTEM

ALARM/SECURITY CO:

NAME: _____ NO: _____ STREET: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

SECONDARY EMERGENCY CONTACT:

NAME: _____ NO: _____ STREET: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

LOCATION OF ENUNCIATOR PANELS: _____

ZONES AND COVERAGE AREAS: _____

OWNER/AGENT SIGNATURE: _____ DATE: _____

PERMIT FEE - \$50 Please make checks payable to the Village of Scottsville

Please return the completed form and your payment to: Village of Scottsville 22 Main St Ste. 3 Scottsville NY 14546 ATTN: Code Enforcement

This permit is valid for a period of two (2) years from the date of issuance. Any change in the information contained in this permit requires that you provide the Town of Perinton with the corrected information within thirty (30) days of the change.

A copy of the permit will be sent to your local Fire Department for their records.