

# Town of North Hempstead

## Department of Building Safety, Inspection & Enforcement

210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662

[www.northhempsteadny.gov](http://www.northhempsteadny.gov)

Zone: \_\_\_\_\_

Application Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

### NASSAU COUNTY FIRE MARSHAL FILING AFFIDAVIT

Fire Sprinkler

Fire Alarm

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot (s): \_\_\_\_\_ Date: \_\_\_\_\_

**Address of Permit Activity:**

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

**Owner's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

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

Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Sprinkler/Fire Alarm Installers Info:**

N.C.F.M. / N.Y.S. License #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Corporation Name: \_\_\_\_\_ T. N. H. License #: \_\_\_\_\_

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

Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Description of Work:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of application filing with N.C.F.M: \_\_\_\_\_

I submit this affidavit with full knowledge that the Building Department and the Town of North Hempstead relies upon the truth of the statements and information contained herein. \_\_\_\_\_ (Installer) deposes and says that he/she has the current licenses and insurances required by the Nassau County Fire Marshal's office and has submitted the required applications and/or plans to the Nassau County Fire Marshal's office for review for the work indicated above and in lieu of a filing receipt from the Fire Marshal's office submits this affidavit as proof of the filing of said applications.

Signature of Installer \_\_\_\_\_

Sworn to me this \_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

Signature of Notary Public \_\_\_\_\_