



**Fire Headquarters**  
 Bureau of Fire Prevention  
 470 East Lincoln Avenue  
 Mount Vernon, New York 10552  
 914-665-2611      914-665-2630 fax

Permit #: \_\_\_\_\_

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

**Application for Inspection of Fuel Oil Burner Installation**

The undersigned herewith makes application to install fuel oil burner and for a permit for occupant to store and use **Fuel Oil** for heating purposes, subject to compliance with all provisions of Law of the Administrative Code of the City of Mount Vernon and all rules and regulations of the Fire Department at premises known as:

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone : \_\_\_\_\_ Cell telephone #: \_\_\_\_\_ Fax # \_\_\_\_\_

Is installation a replacement?      Yes \_\_\_\_\_ No \_\_\_\_\_

Tank Location:      Interior \_\_\_\_\_ Exterior \_\_\_\_\_ Capacity: \_\_\_\_\_

Type: \_\_\_\_\_

Installer's Name and License Number: \_\_\_\_\_

Electrician's Name and License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Manufacture of Burner: \_\_\_\_\_ Model #: \_\_\_\_\_

Oil Recommended: \_\_\_\_\_ B.T.U. Rating: \_\_\_\_\_

**Plans or drawings must accompany this application and include the following:**

- a) Location of building or buildings where burner or burners are Located
- b) Nature of construction, dimensions of building(s), and purposes for which used.
- c) Location of each tank, forming art of equipment      d) Size of pipes and where they terminate
- e) Architect's engineered plans will be submitted for Fire Department approval of any installation of burners over one (1) million B.T.U.'s or tank installation over one thousand one hundred (1,100) gallons capacity, thirty (30) days prior.

**All Safety Controls shall be pre-tested by the Installer to determine proper functioning. Also required fire retarding and / or fire extinguisher installation shall be completed before calling Fire Prevention for Final Inspection Approval.**

Tank Location: \_\_\_\_\_ Approved By: \_\_\_\_\_

Tank & Piping \_\_\_\_\_ Approved By: \_\_\_\_\_

Burner Installation: \_\_\_\_\_ Approved By: \_\_\_\_\_

Model #: \_\_\_\_\_ Serial # \_\_\_\_\_ Approved By: \_\_\_\_\_

U.L. # \_\_\_\_\_ Final Inspection Approval: \_\_\_\_\_

**This Office must be notified when tank and piping are ready for air testand immediately after the installation of oil burner is completed**  
*If Inspections are desired before noon, notice shall be given before 10:00 A.M. For afternoon inspections notice must be given before 1:30 P.M.*



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**Application for Inspection of Abandonment or Removal of Class II, III Liquid Storage Tank**

The undersigned herewith makes application to abandonment or remove any Class I, II, III Liquid storage tank subject to compliance with all provisions of Law of the Administrative Code of the City of Mount Vernon and all rules and regulations of the Fire Department at premises known as:

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

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Tank Location: Interior \_\_\_\_\_ Exterior \_\_\_\_\_ Capacity: \_\_\_\_\_

Certified Company Name and license Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of concern performing work and license Number: \_\_\_\_\_

Telephone : \_\_\_\_\_ Cell telephone #: \_\_\_\_\_ Fax # \_\_\_\_\_

**Number and size of Tanks to be abandoned or removed:**

1 _____	5 _____
2 _____	6 _____
3 _____	7 _____
4 _____	8 _____

Notication: F.D. \_\_\_\_\_ (Yes) \_\_\_\_\_ (No) D.E.C. \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

**Application for Temporary Abandonment**

- |  |                                       |
|--|---------------------------------------|
| 1. Product removed to the lowest draw-off point: _____ | 4. Pump suction capped: _____         |
| 2. Fill line capped: _____                             | 5. Secured against tampering: _____   |
| 3. Gage opening capped: _____                          | 6. Protected against flotation: _____ |

**Temporary Abandonment Valid for one year.**

**Application for Permanent Abandonment**

- |  |   |
|--|---|
| 1. Flammable & combustible liquid removed from tank: _____ | 6.. Bottom of tank free of holes: _____           |
| 2. Sludge removed from tank: _____                         | 7. Filled to capacity with inert materials: _____ |
| 3. Tank Rendered free of vapors: _____                     | 8. Tank (s) removed from location: _____          |
| 4. Connecting lines removed: _____                         | 9. Contaminated soil: _____                       |
| 5. Securely plugged: _____                                 | 10. D.E.C. Spill number: _____                    |

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Badge # \_\_\_\_\_

In the space provided clearly indicate the location of the tank removed. Conversion to gas: Yes \_\_\_\_\_ No \_\_\_\_\_



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

### Application for Inspection of Sprinklers System

The undersigned herewith makes application to install sprinkler system, subject to compliance with all provisions of Law of the Administrative Code of the City of Mount Vernon and all rules and regulations of the Fire Department at premises known as:

**Location:** \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone : \_\_\_\_\_ Cell telephone #: \_\_\_\_\_ Fax # \_\_\_\_\_

Manufacture: \_\_\_\_\_ Model #: \_\_\_\_\_ Wet: \_\_\_\_\_ Dry: \_\_\_\_\_

Certified Company Name and License Number: \_\_\_\_\_

Alarm Company & Installer's Name and License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Location of main unit and Supply valve: \_\_\_\_\_

Main Source of Supply: \_\_\_\_\_

Location of siamese connections: \_\_\_\_\_

Threads size New York Corporations 2 1/2" : \_\_\_\_\_

Are the connections properly capped and in good condition ? : \_\_\_\_\_ Painted ? \_\_\_\_\_ Signage ? : \_\_\_\_\_

What do sections control ? : \_\_\_\_\_

Does each section have its own supply valves ? : \_\_\_\_\_

Number of inside control valves ? : \_\_\_\_\_

What sections of building do they control ? : \_\_\_\_\_

Supply tank construction: \_\_\_\_\_

Supply tank size: \_\_\_\_\_

Is it protected from freezing ? : \_\_\_\_\_

Are sprinkler head clean and clear ? : \_\_\_\_\_

Does system protect outside exposures? \_\_\_\_\_

Is stock stored too close to sprinkle head ? : \_\_\_\_\_

Are extra sprinkler heads stored ? : \_\_\_\_\_

Are employees familiar with operations of the system ? : \_\_\_\_\_

What is the condition of the system ? : \_\_\_\_\_

When was system last tested ? : \_\_\_\_\_

Is system in operation ? : \_\_\_\_\_

**Inside Control Valves:**

Locations of Control Valves ? : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Plans or drawings must accompany this application and include the following:**

- a) Location of building or buildings where sprinklers are located
- b) Nature of construction, dimensions of building(s), and purposes for which used.
- c) Location of each supply tank, forming part of equipment
- d) Size of pipes and where they terminate

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

Fire Inspector: \_\_\_\_\_ Badge # : \_\_\_\_\_



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

### Application for Inspection of Standpipe System

The undersigned herewith makes application to install standpipe system, subject to compliance with all provisions of Law of the Administrative Code of the City of Mount Vernon and all rules and regulations of the Fire Department at premises known as:

**Location:** \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone : \_\_\_\_\_ Cell telephone #: \_\_\_\_\_ Fax # \_\_\_\_\_

Manufacture: \_\_\_\_\_ Model #: \_\_\_\_\_ Wet: \_\_\_\_\_ Dry: \_\_\_\_\_

Certified Company Name and License Number: \_\_\_\_\_

Alarm Company & Installer's Name and License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Location of main unit and Supply valve: \_\_\_\_\_

Main Source of Supply: \_\_\_\_\_

Location of siamese connections: \_\_\_\_\_

Threads size New York Corporations 2 1/2" : \_\_\_\_\_

Are the connections properly capped and in good condition ? : \_\_\_\_\_

What do sections control ? : \_\_\_\_\_

Does each section have its own supply valves ? : \_\_\_\_\_

Number of inside control valves ? : \_\_\_\_\_

What sections of building do they control ? : \_\_\_\_\_

Supply tank construction: \_\_\_\_\_

Supply tank size: \_\_\_\_\_

Is it protected from freezing ? : \_\_\_\_\_

Are standpipe connections clear and capped ? : \_\_\_\_\_

Does system protect outside exposures? \_\_\_\_\_

Are employees familiar with operations of the system ? : \_\_\_\_\_

What is the condition of the system ? : \_\_\_\_\_

When was system last tested ? : \_\_\_\_\_

Is system in operation ? : \_\_\_\_\_

**Inside Control Valves:**

Locations of Control Valves ? : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Plans or drawings must accompany this application and include the following:**

- a) Location of building or buildings where connections are located.
- b) Nature of construction, dimensions of building(s), and purposes for which used.
- c) Location of each supply tank, forming part of equipment
- d) Size of pipes and where they terminate

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

Fire Inspector: \_\_\_\_\_ Badge # : \_\_\_\_\_



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**Application for Inspection of Fire Suppression System Installation**

The undersigned herewith makes application to install Fire Suppression System, subject to compliance with all provisions of Law of the Administrative Code of the City of Mount Vernon and all rules and regulations of the Fire Department at premises known as:

Address: \_\_\_\_\_

Business name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone : \_\_\_\_\_ Cell telephone #: \_\_\_\_\_ Fax # \_\_\_\_\_

Manufacture: \_\_\_\_\_ Model #: \_\_\_\_\_

Installer's Name and License Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Electrician's Name and License Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

**Hood and Duct System:**

1. Hood NFPA 96 Design 20 GA stainless: \_\_\_\_\_
2. Duct NFPA 96 Design 16 GA Carbon steel: \_\_\_\_\_
3. Continuous External Welds: \_\_\_\_\_
4. Penetrations Sealed with U.L. Devices: \_\_\_\_\_
5. Cleanouts in Proper Location: \_\_\_\_\_
6. Cleanouts Sealed with 2000 degree Rated Material: \_\_\_\_\_
7. Proper Protection where Penetrating Combustible Structural members: \_\_\_\_\_

**Suppression System:**

8. Pre-Engineered System Design: \_\_\_\_\_
9. Compliance with Design: \_\_\_\_\_
10. 360 Degree Fusible Link: \_\_\_\_\_
11. Blow Off Caps: \_\_\_\_\_
12. Remote Pull: \_\_\_\_\_
13. Gas or Electric Shut-Off: \_\_\_\_\_
14. Deep Fryer 16" from Open Flame or Protected: \_\_\_\_\_
15. Air Bottle Activated: \_\_\_\_\_

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Badge # \_\_\_\_\_



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**Application for Inspection of Installation of Class II, III Liquid Storage Tank**

The undersigned herewith makes application to install any Class I, II, III Liquid storage tank subject to compliance with all provisions of Law of the Administrative Code of the City of Mount Vernon and all rules and regulations of the Fire Department at premises known as:

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

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Tank Location: Interior \_\_\_\_\_ Exterior \_\_\_\_\_ Capacity: \_\_\_\_\_

Certified Company Name and license Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of concern performing work and license Number: \_\_\_\_\_

Telephone : \_\_\_\_\_ Cell telephone #: \_\_\_\_\_ Fax # \_\_\_\_\_

**Number and size of Tanks to be installed and capacity:**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_

**In the space provided below clearly indicate the location of the tank installed:** \_\_\_\_\_

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Badge # \_\_\_\_\_

*If Inspections are desired before noon, notice shall be given before 10:00 A.M. For afternoon inspections notice must be given before 1:30 P.M.*



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**Application for Tank Testing Inspection**

*The undersigned herewith makes application to tank testing, subject to compliance with all provisions of Law of the Administrative Code of the City of Mount Vernon and rules and regulation of the Fire Department at premises know as:*

**Location:** \_\_\_\_\_

*Name of Property Owner:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Telephone :* \_\_\_\_\_ *Cell telephone #:* \_\_\_\_\_ *Fax #* \_\_\_\_\_

*Tank Location: Interior* \_\_\_\_\_ *Exterior* \_\_\_\_\_ *Capacity:* \_\_\_\_\_

*Type:* \_\_\_\_\_

**Inspector name, License number:** \_\_\_\_\_

*Address:* \_\_\_\_\_

*Telephone :* \_\_\_\_\_ *Cell telephone #:* \_\_\_\_\_ *Fax #* \_\_\_\_\_

*Liquid Storage tank (items): Gasoline* \_\_\_\_\_ *Diesel* \_\_\_\_\_ *Oil* \_\_\_\_\_ *Other* \_\_\_\_\_

**All Safety Controls shall be pre-tested by the Installer to determine proper functioning. Also required fire retarding and / or fire extinguisher installation shall be completed before calling Fire Prevention for Final Inspection Approval.**

**Tank Location:** \_\_\_\_\_ *Approved By:* \_\_\_\_\_

**Tank & Piping** \_\_\_\_\_ *Approved By:* \_\_\_\_\_

**Model #:** \_\_\_\_\_ **Serial #** \_\_\_\_\_ *Approved By:* \_\_\_\_\_

**U.L. #** \_\_\_\_\_ **Final Inspection Approval:** \_\_\_\_\_

**Signature of Testing Company (Agent):** \_\_\_\_\_

**This Office must be notified when tank and piping are ready for test.**

*If Inspections are desired before noon, notice shall be given before 10:00 A.M. For afternoon inspections notice must be given before 1:30 P.M.*



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**Application for Fire Alarm System Inspection**

*The undersigned herewith makes application to test an Fire Alarm system subject to compliance with all provisions of Law of the Administrative Code of the City of Mount Vernon and rules and regulation of the Fire Department at premises known as:*

**Location:** \_\_\_\_\_

**Name of Property Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone :** \_\_\_\_\_ **Cell telephone #:** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Type:** \_\_\_\_\_

**Inspector name, License number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone :** \_\_\_\_\_ **Cell telephone #:** \_\_\_\_\_ **Fax #** \_\_\_\_\_

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**All Safety Controls shall be pre-tested by the Installer to determine proper functioning. Also required fire retarding and / or fire extinguisher installation shall be completed before calling Fire Prevention for Final Inspection Approval.**

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**Signature of Testing Company (Agent):** \_\_\_\_\_

*If Inspections are desired before noon, notice shall be given before 10:00 A.M. For afternoon inspections notice must be given before 1:30 P.M.*