



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 test and 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:

<u>1</u> _____	<u>5</u> _____
<u>2</u> _____	<u>6</u> _____
<u>3</u> _____	<u>7</u> _____
<u>4</u> _____	<u>8</u> _____

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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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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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 : _____

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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 #* _____

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.

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.