

2017 FIRE PROTECTION EQUIPMENT **QUICK PERMIT**

MAKE CHECKS PAYABLE TO: TOWN OF AMHERST
 AMHERST BUILDING DEPARTMENT | 5583 MAIN ST. | WILLIAMSVILLE, NY 14221
PERMIT MUST BE PROCESSED PRIOR TO STARTING WORK

Job Address:			
Property Owner Name:		Phone:	(Property Owner)
Property Owner Address: <small>*(If Different From Job Address)</small>			
Contractor:			
Contractor Address:			
Phone:		Contact Person:	
Estimated Value of the Work:	\$	Date of Installation:	
QUICK PERMIT ONLY FOR SYSTEM REPAIRS OR MINOR REPLACEMENTS			
DESCRIPTION of proposed work:			
NON-RESIDENTIAL FIRE PROTECTION EQUIPMENT FEES			
NEW Equipment Fees		ALTERATIONS or REPLACEMENT of Existing Equipment	
Fire and Smoke Detection System		Fire and Smoke Detection System	
<input type="checkbox"/> < 5,000 SF	\$ 200.00	<input type="checkbox"/> 1-25 Devices	\$ 100.00
<input type="checkbox"/> 5,000 – 10,000 SF	\$ 340.00	<input type="checkbox"/> 26-50 Devices	\$ 200.00
<input type="checkbox"/> > 10,000 SF	\$ 500.00	<input type="checkbox"/> > 50 Devices	\$ 500.00
<input type="checkbox"/> Each story above or below - # of floors _____	\$ 200.00	<input type="checkbox"/> Each story above or below - # of floors _____	\$ 100.00
Automatic Fire Extinguishing System		Automatic Fire Extinguishing System	
<input type="checkbox"/> < 5,000 SF	\$ 200.00	<input type="checkbox"/> 1-25 Devices	\$ 100.00
<input type="checkbox"/> 5,000 – 10,000 SF	\$ 340.00	<input type="checkbox"/> 26-50 Devices	\$ 200.00
<input type="checkbox"/> > 10,000 SF	\$ 500.00	<input type="checkbox"/> > 50 Devices	\$ 500.00
<input type="checkbox"/> Each story above or below - # of floors _____	\$ 200.00	<input type="checkbox"/> Each story above or below - # of floors _____	\$ 100.00
<input type="checkbox"/> Hood Extinguishing System	\$ 200.00	<input type="checkbox"/> Hood Extinguishing System	\$ 100.00
<input type="checkbox"/> Fire Pumps and Equipment	\$ 200.00	<input type="checkbox"/> Fire Pumps and Equipment	\$ 100.00
REQUESTS FOR INSPECTION MUST BE MADE IN ADVANCE			
I, the undersigned property owner or authorized agent of the owner, am familiar with the requirements of the Workers Compensation Law and declare that (check the following): <input type="checkbox"/> I have filed the required proof as affirmed by my insurance carrier. <input type="checkbox"/> I have no people working directly for me and therefore require no Workers Compensation Insurance. Should there be any change in my status during the exercise of this permit, I will so advise the Building Department and comply with all requirements.		In consideration of granting this permit, the undersigned property owner or authorized agent of the owner hereby agrees to comply with the terms thereof, the Laws of the State of New York, the Ordinances of the Town of Amherst and the regulations of the various departments of the Town, County of Erie and the State of New York, request all necessary inspections and authorize and provide a means of entry to the premises for the Inspector. Furthermore, the undersigned property owner or authorized agent of the owner has read and will comply with these conditions. The undersigned property owner or authorized agent of the owner hereby certifies that all of the information in this petition is true and correct.	
FIRE PERMIT FEE: \$ _____ Make checks payable to: Town of Amherst (No cash)		X	
TOWN CLERK RECEIPT OF FEE:		<i>Registered Applicants Signature</i>	
Receipt is hereby acknowledged of the sum of \$ _____ being the permit fee established by the Town Board of the Town of Amherst, NY.		BUILDING DEPARTMENT APPROVAL: I do certify that a Code Enforcement Official has examined the foregoing application and supporting documentation and to the best of his/her knowledge has determined that they conform to the Ordinances of the Town of Amherst.	
Town Clerk		Building Commissioner	
Issue Date:		NOTICE	
This permit expires six months from date of issue if work has not commenced.		CONDITIONS, INSTRUCTIONS & REQUIRED. INSPECTIONS The Building Department reserves the right to reject any work which has been concealed or completed without first having been inspected and approved by the department in accordance with the requirements of the various codes. Reasonable, safe access must be provided to all areas of the work. ALL REQUESTS FOR INSPECTION MUST BE MADE 24 HOURS IN ADVANCE	

QUICK PERMIT #

DIRECTIONS:

1. The contractor is responsible for scheduling the inspections.
2. All equipment must be installed in accordance with the manufacture's installation instructions, applicable National Fire Protection Association Standards, and applicable provisions of the International Fire Code and International Mechanical Code. Work must be in accordance with the applicable International Codes and the Uniform Code Supplement.
3. Cut sheets of the equipment to be installed must be submitted with this application.
4. Contractors must provide proof of Worker's Compensation & NYS Disability Insurance

WORKER'S COMPENSATION LAW

Section 57 (Effective July 1, 1922)

Restriction on issue of permits unless compensation is secured. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing such permits, shall not issue such permit unless proof duly subscribed and affirmed as true under the penalties of perjury by an insurance carrier is produced in a form satisfactory to the chairman, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

Section 220, Subdivision 8 (Effective July 1, 1966)

The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined by this article, and notwithstanding any general or special statute requiring or authorizing such permits, shall not issue such permit unless proof duly subscribed and affirmed as true under the penalties of perjury by an insurance carrier is produced in a form satisfactory to the chairman, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.