

Office Use Only
Permit #: _____
Permit Fee: _____
Paid: Y N
Reviewed by: _____

FIRE MARSHAL SPECIAL PERMIT APPLICATION



Office of the Fire Marshal

742 Bay Road, Queensbury, NY 12804
518-761-8206/8205 www.queensbury.net

Project Location: _____ **Tax Map ID #:** _____

Business Name, if applicable: _____

- Fireworks display** **Sprinkler Install** **FA Install** **Fuel Tank Removal**
- Other:** _____

Detailed scope of project:

CONTACT INFORMATION: PLEASE PRINT LEGIBLY OR TYPE, PLEASE INCLUDE AN EMAIL

• **Applicant:**

Name(s): _____
Mailing Address, C/S/Z: _____
Cell Phone: _____ Land Line: _____
Email: _____

• **Business Owner(s):**

Name(s): _____
Mailing Address, C/S/Z: _____
Cell Phone: _____ Land Line: _____
Email: _____

• **Property Owner(s):**

Name(s): _____
Mailing Address, C/S/Z: _____
Cell Phone: _____ Land Line: _____
Email: _____

• **Installer/Contractor: Workers' Comp documentation must be submitted with this application**

Contact Name(s): _____
Contractor Trade: _____
Mailing Address, C/S/Z: _____
Cell Phone: _____ Land Line: _____
Email: _____

DECLARATION:

1. I understand that no work shall commence **prior to approval** of a complete Fire Marshal application submission.
2. If, for any reason, the Fire Marshal application is **withdrawn**, 30% of the permit fee is retained by the Town of Queensbury. After 1 (one) year from the initial application date, 100% of the fee is retained.

I have read and agree to the above:

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____ DATE: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER SIGNATURE: _____ DATE: _____