

TOWN of



Brookhaven

FIRE PROTECTION SYSTEM

REGISTRATION FORM

Division of Fire Prevention

FP-12 rev. 01/16

REG#: _____

FEE: \$54.99

PERMIT#: _____

EXPIRES: _____

CHOOSE SYSTEM TYPE

____ Fire Hydrants

____ Fire Alarms

____ Fire Sprinklers

____ Fixed Extinguishing System

Please fill in the listed information. You must enter at least 2 contact persons.

LOCATION		RESPONSIBLE PARTY	
Parcel # / Suffolk County Tax Map			
NAME (LAST, FIRST OR BUSINESS NAME)		NAME (LAST, FIRST)	
ST# , STREET NAME, APT/SUITE	EMAIL ADDRESS	ST# , STREET NAME, APT/SUITE	EMAIL ADDRESS
CITY, STATE, ZIP		CITY, STATE, ZIP	
PH1 -	PH2-	PH1 -	PH2-
PH3 -	PH4-	PH3 -	PH4-
CONTACT PERSON 1		CONTACT PERSON 2	
NAME (LAST, FIRST)		NAME (LAST, FIRST)	
ST# , STREET NAME, APT/SUITE	EMAIL ADDRESS	ST# , STREET NAME, APT/SUITE	EMAIL ADDRESS
CITY, STATE, ZIP		CITY, STATE, ZIP	
PH1 -	PH2-	PH1 -	PH2-
PH3 -	PH4-	PH3 -	PH4-
SPECIAL CONDITIONS -			
MONITORED BY		SERVICED BY	
COMPANY NAME , LICENSE #		COMPANY NAME , LICENSE #	
ST# , STREET NAME, APT/SUITE	EMAIL ADDRESS	ST# , STREET NAME, APT/SUITE	EMAIL ADDRESS
CITY, STATE, ZIP		CITY, STATE, ZIP	
PH1 -	PH2-	PH1 -	PH2-



Town of
Brookhaven
New York

PERMIT# _____ REG# _____

Continuation for Contact Information

CONTACT INFORMATION	CONTACT INFORMATION
NAME (LAST, FIRST)	NAME (LAST, FIRST)
PH1 - PH2-	PH1 - PH2-
PH3 - PH4-	PH3 - PH4-
CONTACT INFORMATION	CONTACT INFORMATION
NAME (LAST, FIRST)	NAME (LAST, FIRST)
PH1 - PH2-	PH1 - PH2-
PH3 - PH4-	PH3 - PH4-
CONTACT INFORMATION	CONTACT INFORMATION
NAME (LAST, FIRST)	NAME (LAST, FIRST)
PH1 - PH2-	PH1 - PH2-
PH3 - PH4-	PH3 - PH4-
CONTACT INFORMATION	CONTACT INFORMATION
NAME (LAST, FIRST)	NAME (LAST, FIRST)
PH1 - PH2-	PH1 - PH2-
PH3 - PH4-	PH3 - PH4-
CONTACT INFORMATION	CONTACT INFORMATION
NAME (LAST, FIRST)	NAME (LAST, FIRST)
PH1 - PH2-	PH1 - PH2-
PH3 - PH4-	PH3 - PH4-