



Town of Brookhaven Long Island, New York

Department of Public Safety
John Meehan, Commissioner

Fire Alarm System Alteration Statement of Work

Type of System: Conventional _____ Addressable _____

Fire Prevention
Alteration Permit # _____

Number of Devices affected: New: _____ Relocated _____ Deleted _____

Present Battery Capabilities: Sufficient for Alterations _____ Changed _____
(Submit Calc's)

New Zones Or
NACS Installed? _____

Device Make/Model
(submit cut sheets) _____

Area/Room effect:
(Number & Change)
(ie, Stockroom
2 Smokes Added)

Brief Summary:

Signature of Applicant _____ EMAIL _____