



DEPARTMENT OF BUILDINGS & REGULATORY COMPLIANCE

200 HENRY JOHNSON BLVD.—SUITE 1 | ALBANY, NY 12210
518.434-5995 | FAX 518.434.6015 | EMAIL: CODES@ALBANYNY.GOV

FIRE ALARM PERMIT APPLICATION

This form is meant for applicants seeking a permit to install a fire alarm. If we can assist you at all in completing this form, do not hesitate to ask. This form is available on our website as a fillable .pdf.

GENERAL INFORMATION

JOB SITE ADDRESS:

TOTAL COST OF WORK (INCLUDING COST OF MATERIALS): \$ 1% OF TOTAL WORK COST: \$

WHEN DO YOU NEED YOUR PERMIT?

WE MAY EXPEDITE AN APPLICATION IF POSSIBLE AND APPROPRIATE.

APPLICANT: LICENSE No.:

ADDRESS:

EMAIL: PHONE:

HOW WOULD YOU LIKE TO RECEIVE YOUR PERMIT (PLEASE CHOOSE ONE): A.) PICK UP OR B.) BY MAIL

IF YOU WOULD LIKE TO RECEIVE YOUR PERMIT BY MAIL, PLEASE INCLUDE A STAMPED SELF-ADDRESSED ENVELOPE WITH THIS APPLICATION.

OWNER:

ADDRESS:

EMAIL: PHONE:

PROJECT INFORMATION

COMMERCIAL OR RESIDENTIAL WITH THREE OR MORE UNITS OR RESIDENTIAL
\$100 PER FLOOR FEE WITH A \$50 FLAT FEE

1% SURCHARGE ON TOTAL COST OF WORK & MATERIALS

NUMBER OF FLOORS ON WHICH ALARM IS TO BE INSTALLED:

DESCRIBE THE WORK TO BE DONE:

TOTAL FEE

- FOR COMMERCIAL PROJECTS, \$100 PER FLOOR PLUS A 1% SURCHARGE ON THE TOTAL COST OF WORK
FOR RESIDENTIAL PROJECTS, A FLAT FEE OF \$50

INSURANCE: HAVE YOU SUBMITTED PROOF OF THE NECESSARY INSURANCE TO BRC? YES NO

WORKER'S COMPENSATION: HAVE YOU SUBMITTED PROOF OF WORKER'S COMP COVERAGE? YES NO

STAFF USE ONLY

PERMIT NO.: APP. FEE: REC'D BY:
DATE REC'D: DATE ISSUED: ASSIGNED TO: SCANNED BY: