FIRE ALARM PERMIT APPLICATION PACKAGE

Phone: (914) 337-7338

www.VillageofBronxville.com

SUBMISSION REQUIREMENTS FOR FIRE ALARM PERMITS:

- 1. Complete the Fire Alarm Permit Application and submit with the following information:
 - a. Floor plan showing where all smoke and carbon monoxide detectors are located (2 Copies)
 - b. Permit Fee: \$100.00
 - c. Contractor Information:
 - □ Electrical License (If Applicable)
 - Liability Insurance
 - □ Workers' Compensation Insurance

Bronxville, NY 10708

Disability Insurance

Note: All application materials and fees must be submitted together as a complete set. Incomplete submissions will not be accepted.

INSURANCE REQUIREMENTS

In accordance with Workers' Compensation Law §57 and §220(8)

3 Separate Insurance Certificates are REQUIRED

- 1. **LIABILITY INSURANCE:** ONLY liability insurance is permitted on the ACORD form.
- **2.** For **WORKERS' COMPENSATION INSURANCE**, <u>ONLY</u> the following forms are acceptable:
 - <u>CE-200</u> Certificate of Attestation of Exemption from NYS Workers' Compensations and/or Disability Benefits Coverage
 - <u>C-105.2</u> Certificate of Workers' Compensation Insurance (Note: the State Insurance Fund provides its own version of the form the <u>U-26.3</u>)
 - SI-12 Certificate of Workers' Compensation Self-Insurance
 - GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance
- **3.** For **DISABILITY INSURANCE**, <u>ONLY</u> the following forms are acceptable:
 - <u>CE-200</u> Certificate of Attestation of Exemption from NYS Workers' Compensations and/or Disability Benefits Coverage
 - **DB-120.1** Certificate of Disability Benefits Insurance
 - DB-155 Certificate of Disability Benefits Self-Insurance

Certificate holder must be listed as: Village of Bronxville, 200 Pondfield Rd, Bronxville, NY 10708

Permitted hours of construction: 8:00 am-6:00 pm, Monday-Friday



Village of Bronxville – Building Department 200 Pondfield Road, Bronxville, NY 10708

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Application for Fire Alarm Permit

FILING FEE: \$ 100.00

Property Location: House No				Street Name				
roperty Owner: First Name				Last Name			Middle Initial	
Mailing Addre	ess							
						Zip	-	
elephone: Home ()								
Signature of	Owner:							
Descript	ion of Wor	k:						
The work sha	all consist of the	following	checked ite	ems:	Carbon Mo	noxide: UL 2034 - /	Alarms	
□ Ne	ew Fire Alarm S	ystem				noxide: UL 2075 - I		
	ddition to Existin		ırm		Smoke Alar	ms: UL 217		
☐ Repair existing Fire Alarm☐ Line Voltage (Licensed Electrician Required				quired)	Combination	n Smoke & Carboi	n	
Contract	or Informa	tion:						
				Company Name:				
icense No.:	(If Applicable	e)						
icense No.: -irst Name		e)						
icense No.: First Name Mailing Addre	(If Applicabl	e)					_Middle Initial	
License No.:_ First Name_ Mailing Addre City The unders attached a provisions	esssigned requests the pplication to the New York S	State_ hat a perm New York E State Build	it be issued loard of Fire ling Code an	Last NameZipto perform the Fire S	Telephone I Safety installation of pection and certification code.	No.: () described herein and cate. Such work shal	_Middle Initial	
License No.:_ First Name_ Mailing Addre City The unders attached a provisions	esssigned requests the pplication to the New York S	State_ hat a perm New York E State Build	it be issued loard of Fire ling Code an	Last Name Zip to perform the Fire Se Underwriters for insert the National Electronic services.	Telephone I	No.: () described herein and cate. Such work shal	Middle Initial more fully on the I conform with all	