



**TOWN OF SMITHTOWN  
DEPARTMENT OF PUBLIC SAFETY  
FIRE PREVENTION DIVISION**

65 Maple Avenue, Smithtown, New York 11787 (631) 360-7553

**PLANS REVIEW REQUIREMENTS  
FOR THE VILLAGE OF THE BRANCH**

Complete application only after reviewing the requirements for the type of plans being submitted for review. Application submittal requirements and procedures are available from the Fire Prevention Division. Read through ALL instructions prior to submittal in order to minimize the potential for rejection based on an incomplete application package.

**ANY OMISSIONS IN THE APPLICATION FORM OR INCOMPLETE AND/OR MISSING REQUIRED DOCUMENTATION  
WILL BE CAUSE FOR REJECTION OF THE APPLICATION WITHOUT REVIEW BY THE FIRE PREVENTION DIVISION.**

**FIRE DETECTION/NOTIFICATION/ALARM** — With this application form, submit the following:

- Three (3) sets of drawings signed and sealed by an engineer/architect.
- One (1) electronic copy of the plans.
- Two (2) sets of cut sheets.
- Battery calculations.
- Wire specs with Department of State toxicity numbers.
- Postage paid self-addressed mailer appropriately sized to return plans.
- Central Station documentation.+
- Fee(s) indicated payable to the **VILLAGE OF THE BRANCH**.
- Proof of Workmen's Compensation Insurance.
- Copy of Valid NYS Fire Alarm Installer's License.

**WATER BASED FIRE PROTECTION SYSTEM** (Sprinkler, Standpipe, hydrant, etc.) — With this application form, submit the following:

- Three (3) sets of drawings signed and sealed by an engineer or registered architect.
- One (1) electronic copy of the plans.
- Two (2) sets of cut sheets.
- Hydraulic Calculations (if applicable).
- Elevation and reflected ceiling plans.
- Postage paid self-addressed mailer appropriately sized to return plans.
- Fee(s) indicated payable to the **VILLAGE OF THE BRANCH**.
- Proof of Workmen's Compensation Insurance.
- Copy of Suffolk County Plumbers License.

**FIXED SUPPRESSION/HOOD & DUCT SYSTEMS** — With this application form, submit the following:

- Three (3) sets of drawings signed and sealed by an engineer or registered architect.
- One (1) electronic copy of the plans.
- Two (2) sets of cut sheets.
- Postage paid self-addressed mailer appropriately sized to return plans.
- Fee(s) indicated payable to the **VILLAGE OF THE BRANCH**.
- Proof of Workmen's Compensation Insurance.
- Copy of the installers Suffolk County Fire Extinguisher License.

**LIQUIFIED PETROLEUM GAS** — With this application form, submit the following:

- Two (2) copies of form 309LPA (Plot Plan for LPG Installation) obtained from the Fire Prevention Division.
- Completed form DPS309LPB (LPG Supply Line Installation Certification) obtained from the Fire Prevention Division.
- Commercial installations are to include appropriate cut sheets.
- Postage paid self-addressed mailer appropriately sized to return plans.
- Fee(s) indicated payable to the **VILLAGE OF THE BRANCH**.
- Proof of Workmen's Compensation Insurance.
- Copy of Suffolk County Plumbers License (with DPS309LGB).

**Plans, once approved, shall at all times be kept on the premises designated thereon including a copy of the approved drawings and all related/required documentation. Installations subject to final testing, inspection and approval. Arrangements for said testing/inspection shall be made by contacting the Town of Smithtown Department of Public Safety, Fire Prevention Division.**

+ *Central Station.* If there is a change or update to a central station monitoring company, all that is needed is a statement on letterhead indicating the expected date of the change, reason for the change and the name, address and telephone number of the old and new central stations. In addition, the *new central station* must submit on their letterhead the name and telephone number of the fire department they will be calling. The new central station must indicate they are aware that once this information is confirmed and approved by the Fire Marshal, it cannot be changed without written authorization from the Fire Marshal. The new central station must also state that they are aware that should they violate this, they and the monitored premises will be subject to legal prosecution.



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FOR OFFICE USE ONLY

CC NO. \_\_\_\_\_

**PLANS REVIEW APPLICATION**  
**FOR THE VILLAGE OF THE BRANCH**

**PART A: APPLICATION** Check One:  Initial Application  Re-submittal Application Date: \_\_\_\_\_

**APPLICANT (QUALIFIED COMPANY, INSTALLER AND/OR TECHNICIAN):**

COMPANY:	REPRESENTATIVE RESPONSIBLE FOR PROJECT:		
ADDRESS:	CITY:	ST:	ZIP:
e-mail:	PHONE:		

**LOCATION OF PROJECT:**

PROJECT NAME:				
LOCATION/ADDRESS:	VILLAGE OF THE BRANCH TAX MAP No:	SEC.	BLK.	LOT
CITY/ST/ZIP:				
PROPERTY OWNER:				
PHONE:				

**TYPE OF PROJECT (Check ONE — A separate application required for each type of project):**

DESCRIPTION	PLAN REVIEW FEE <sup>1</sup>
<input type="checkbox"/> Installation/alteration of fire detection/notification/alarm system	\$100.00
<input type="checkbox"/> Installation/alteration of water based fire protection system (sprinkler, stand-pipe, hydrant, etc.)	\$100.00
<input type="checkbox"/> Installation/alteration of fixed suppression/hood & duct systems.	\$100.00
<input type="checkbox"/> Installation/alteration of exhaust system for removal of smoke/laden grease or other vapors	\$100.00
<input type="checkbox"/> Installation/alteration of liquified petroleum gas (submit with forms 309LPA and 309LPB) <input type="checkbox"/> Above ground <input type="checkbox"/> Below ground Aggregate capacity (gallons - H <sub>2</sub> O): _____ <input type="checkbox"/> Non-structural (ie. for pool heater) <input type="checkbox"/> Structural (ie. for heating/interior appliances)	\$100.00

- Check ALL applicable item(s):  New system.  System modification.  Residential  Commercial
- Part of **new construction** project for which a VILLAGE OF THE BRANCH Building permit has been issued.<sup>2</sup>
- Part of **renovation** project for which a VILLAGE OF THE BRANCH Building permit has been issued.<sup>2</sup>

<sup>1</sup> All fees to review plans for projects within the Village of the Branch shall be made payable to the **VILLAGE OF THE BRANCH**.  
<sup>2</sup> Contact Village of the Branch Building Official regarding fee(s).

**PART B [FOR OFFICE USE ONLY]** A REVIEW OF THIS APPLICATION AND ALL ASSOCIATED PLANS AND DOCUMENTS HAS RESULTED IN THE FOLLOWING:

**PLANS ARE APPROVED.** Date: \_\_\_\_\_

Application has been **DENIED** due to: \_\_\_\_\_

FIRE MARSHAL	SHIELD	Fee: \$	doc/ck# <input type="checkbox"/> DATA ENTRY COMPLETE
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