

Town of Islip Division of Fire Prevention

Office of the Fire Marshal

24 Nassau Ave, Islip NY 11751 Phone: (631)224-5477 Fax: (631)224-5458

0.55	e Use - Received Date	

Place of/Public Assembly Permit Application		
Sub	omission Requirements	
1. Copy of Certificate of Occupancy	2. Floor Plan (to scale or include dimensions)	
Fee Schedule (Checks Payable to Town of Islip)	For Office Use Only	
Place of Assembly - Less than 49 \$200.00 2 Ye	ars	
Public Assembly - 50 to 300 \$250.00 1 Ye	ear Receipt#	
Public Assembly - 301 + \$300.00 1 Ye	ear	
Occupant Load	Location Use Details	
1 to 49 50 to 300 301 or more		
	Conference Hall/Meeting Room	
	Restaurant/Food Service	
	Gym or Sports Facility	
	Catering Facility	
	Special Event	
	Other:	
Permit	ted Premises Information	
Business Name:	Location Address:	
E	Business Information	
Business Owner:	er: Corp. Name:	
Business Address:	Business Phone:	
	Business E-mail:	
Prop	erty Owner Information	
Name:	Phone:	
Address:		
	Affirmations	
Signature of the Property Owner	Signature of the Business Owner	
Notary Stamp & Signature	Notary Stamp & Signature	