



Village of Camillus
 37 Main Street, Camillus, NY 13031
 Phone: (315) 672-3483, Fax: (315) 672-5323
 Email: codes@villageofcamillus-ny.gov

Sprinkler System Permit Application

All applicable sections of this application must be completed or the application will be returned.

OFFICE USE ONLY

Permit Number:	Date Received:
Approved By:	Date Approved:
Date Notified:	Permit Fee: \$
Denied By:	Date Denied:
Reason Denied:	

PROPERTY LOCATION & OWNER

PROPERTY ADDRESS		TAX MAP NO.	
PROPERTY OWNER		ADDRESS <input type="checkbox"/> Same as above	
CITY	STATE	ZIP	OWNER PHONE
		OWNER EMAIL	

APPLICANT Same as above

NAME		RELATIONSHIP TO OWNER	
ADDRESS		PHONE	
CITY	STATE	ZIP	EMAIL

PROJECT DETAILS

BUILDING TYPE <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other		BUILDING CONSTRUCTION TYPE(S)		ESTIMATED COST OF ALL WORK \$
PROJECT TYPE - CHECK ALL THAT APPLY <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Removal <input type="checkbox"/> Exit Way <input type="checkbox"/> Hood/Vent <input type="checkbox"/> Spray Booth				
DESCRIPTION OF PROPOSED WORK				
SYSTEM TYPE <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Anti-freeze			HAZARD <input type="checkbox"/> Light <input type="checkbox"/> Ordinary <input type="checkbox"/> Extra <input type="checkbox"/> ESRF <input type="checkbox"/> ELO <input type="checkbox"/> High Pile	
BUILDING SF	NO. OF STORIES	WORK AREA SF	DESIGN AREA SF	DENSITY (GPM/SF)
NO. OF SYSTEMS	NO. OF HEADS	ORIFICE SIZE	"K" FACTOR	TEMPERATURE RATING
SYSTEM SUPPLY <input type="checkbox"/> Underground only <input type="checkbox"/> Sprinkler Only <input type="checkbox"/> Underground w/ Hydrants <input type="checkbox"/> Sprinklers w/ Hydrants				
NO. OF STANDPIPES	STANDPIPE TYPE <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Combination <input type="checkbox"/> None		EQUIPMENT MANUFACTURER	

CONTRACTOR

DESIGN PROFESSIONAL

COMPANY NAME		NAME	
ADDRESS		ADDRESS	
CONTACT NAME	PHONE	PROFESSION <input type="checkbox"/> RA <input type="checkbox"/> PE <input type="checkbox"/> Other	PHONE
EMAIL		EMAIL	

APPLICANT CERTIFICATION

I agree this permit is only for the work described, and does not grant permission for additional or related work that requires separate permits. I hereby certify that the proposed work is authorized by the owner, and that I am authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of the State of New York and the Village of Camillus. All information on this permit application is accurate to the best of my knowledge.

Inspections Required: I understand I am responsible to ensure that the required building inspections are performed by the appropriate inspector and have been approved prior to concealing any work.

Consent to Enter Property: By signing this application I agree to allow representatives of the Village access to the above referenced property at reasonable times to ascertain compliance with any resulting permit.

SIGN HERE

PRINT NAME

DATE

Sprinkler System Permit Application Procedure

Village of Camillus

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- A) Complete all applicable sections of the Sprinkler System Permit Application.
- B) Sign and date the bottom of the application.
- C) Submit the following required items with your completed application:
(Some may not be applicable to your project)
 - Sprinkler system building plans stamped by a NYS registered architect or licensed engineer.
 - Sprinkler system shop drawings.
 - Contractor Insurance Certificates with Village of Camillus as certificate holder:
 - o General Contractor's Liability Insurance Certificate
 - o General Contractor's Workman's Compensation Insurance Certificate or exemption
Please Note: ACORD forms, while acceptable proof of General Liability Insurance, are NOT acceptable as proof of NYS Worker's Compensation Insurance or Disability Benefits Insurance coverage!
 - o General Contractor's Disability Insurance Certificate
 - Sprinkler permit application fee. The fee may include the cost of any third-party shop drawing review. Substantial changes to sprinkler plans after issuance of a permit may result in an additional charge for third party shop drawing review.
- D) Typical applications take 3-5 days to review.
- E) If a third-party expert plan review is required the cost will be charged to the applicant who will be notified in advance.
- F) All applicable inspections listed on the Permit are mandatory. Please call at least one day ahead to schedule inspections.
- G) Length of validity. Permits shall be valid for up to one year from date of issue. An extension may be granted provided that good cause is shown and an extension application is submitted prior to the end of the first year.