



**City of Port Jervis**  
**Bureau of Fire Prevention**  
 Craig Becker, Fire Inspector  
 20 Hammond Street  
 Port Jervis, NY 12771  
 Office: (845)858-4000 Ext 4083  
 Fax: (845)856-6913  
 E-mail: [fireinspector@portjervisny.gov](mailto:fireinspector@portjervisny.gov)

## COMMERCIAL COOKING HOOD INSTALLATION PERMIT

**DO NOT FORGET TO SIGN LAST PAGE AND SUBMIT ALL REQUIRED DOCUMENTS – AVERAGE TURNAROUND FOR ACCEPTANCE IS 2 WEEKS**

|                                                               |                       |                  |                                                                                                                                             |               |                     |
|---------------------------------------------------------------|-----------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|
| <b>Applicant &amp; Property Information</b>                   | Business Name         |                  |                                                                                                                                             |               |                     |
|                                                               | Address               |                  | Suite                                                                                                                                       | City          | State      Zip Code |
|                                                               | Telephone             | Mobile Telephone |                                                                                                                                             | Email Address |                     |
|                                                               | <b>Business Owner</b> |                  |                                                                                                                                             |               |                     |
|                                                               | Name or DBA           |                  |                                                                                                                                             |               |                     |
|                                                               | Address               |                  | Suite                                                                                                                                       | City          | State      Zip Code |
|                                                               | Telephone             | Mobile Telephone |                                                                                                                                             | Email Address |                     |
| <b>Installation Company / Agent to Owner</b>                  | Name                  |                  |                                                                                                                                             |               |                     |
|                                                               | Contact Name          |                  |                                                                                                                                             |               |                     |
|                                                               | Address               |                  | City                                                                                                                                        | State         | Zip Code            |
|                                                               | Telephone             | Mobile Telephone |                                                                                                                                             | Email Address |                     |
| <b>Fire Suppression Installation Company / Agent to Owner</b> | Name                  |                  |                                                                                                                                             |               |                     |
|                                                               | Contact Name          |                  |                                                                                                                                             |               |                     |
|                                                               | Address               |                  | City                                                                                                                                        | State         | Zip Code            |
|                                                               | Telephone             | Mobile Telephone |                                                                                                                                             | Email Address |                     |
|                                                               | Project Cost:         |                  | Fee, due with application<br><b>\$100.00</b> Plus \$10 per \$1,000 up to \$500,000 (Projects over \$500,000 to pay an inspection fee of 2%) |               |                     |



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1. Two copies and one electronic (PDF) copy of stamped plans must be submitted for review.
2. The submittals shall be supplied for all jobs. One hard copy, one PDF form.
3. Proof of Insurance. One hard copy, one PDF form. Liability and workers compensation, naming the City of Port Jervis as the certificate holder.
4. Preferred Construction Documents Size - Sheet "D" 24" X 36" (Fire Inspector may approve other sizes by request)
5. Sheets that are cut and pasted, taped, or that have been altered by any means (pen, pencil, marking pen, etc.) will not be accepted for plan check. Plans that are not legible may be rejected as unacceptable for plan review purposes.
6. All plans shall be stamped by a licensed Professional Engineer, or a Registered Architect as required by the New York State Department of Education Law with current renewal dates and "wet" signatures.
7. If, due to the scope of the work proposed, the plans are not required to be stamped, the plans shall be drawn utilizing accepted engineering practices and procedures. All line work and lettering shall be clear and legible.
8. Plans shall be submitted by a company licensed by the State of New York as Per General Business Law Article 6D. Proof of a valid license is to be submitted with the application.
9. Accuracy of the submittal package is the responsibility of the applicant. Failure to submit an accurate submittal package will be considered an incomplete application by the Plan Reviewer.
10. An incomplete submittal will result in a HOLD.
11. If work is found to have commenced without approved plans and/or a proper permit, this office reserves the right to shut down any/all portions of the entire project deemed necessary to inspect, investigate and confirm that work has been done.
12. When work for which a permit is required has been conducted without a permit or approval, a stop work is immediately posted and all permit fees immediately double upon application and plan review for an installation permit.
13. If any portion of the work performed is not clearly visible or readily accessible, you will be ordered to demolish, disassemble or remove any and all obstructions regardless of the cost incurred. Failure to comply will result in the suspension/revocation of any Building or other permits related to the site.
14. In addition, it is understood that the installation of systems shall be made only by persons properly trained and qualified to install the specific system being provided. The installer certifies to this authority that the installation is in complete agreement with the terms of the listing and manufacturer's instructions and/or approved design plan.
15. Show the kitchen layout, location and type of cooking equipment, exhaust and supply duct systems, exhaust and supply air fans, fuel or electrical power supply, automatic fire extinguishing system and manual pull system activation location, means of egress, prep tables, cabinets, electrical control panels, fire alarm system activation and monitoring, and extra hazard fire extinguisher location.
16. Provide design drawings for the commercial kitchen hood and duct system with preliminary static pressure loss calculations and room ventilation balancing sealed by a by a licensed Professional Engineer or a Registered Architect as required by the New York State Department of Education Law with current renewal dates and original "wet" signatures.

**THE APPLICANT HERBY CERTIFIES THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWELDGE AND WILL NOTIFY THE CITY OF MIDDLETOWN FIRE INSPECTOR OF ANY CHANGES TO THE INFORMATION ON THIS APPLICATION**

|                     |            |                        |          |               |                              |
|---------------------|------------|------------------------|----------|---------------|------------------------------|
| APPLICANT SIGNATURE |            | APPLICANT NAME (PRINT) |          |               | DATE                         |
| PERMIT NUMBER       | ISSUE DATE | EXPIRATION DATE        | FEE PAID | BLDG PERMIT # | Craig Becker, Fire Inspector |
|                     |            |                        |          |               |                              |