



City of New Rochelle Fire Department

90 Beaufort Place, New Rochelle N.Y. 10801
(914) 654-2212

Your Public Assembly Permit will expire 1 year from the 1st of the month in which your application was received. We will notify you of your upcoming expiration and you will be required to fill out another application and submit it along with your payment. **All payments received 30 days past due will result in the doubling of fees.** It is the permit holder's responsibility to notify us of any changes to the permit including mailing address.

Answer all questions and complete all sections of the form. All information on the application is necessary for our files and must be current.

This office will do an inspection of your place of assembly upon receipt of your completed application.

- **Please ensure**, that all fire protection equipment such as sprinkler systems, standpipes, fire detection systems are **INSPECTED AND TESTED**. (Fire suppression systems every 6 months, sprinkler system and extinguishers every year, electrical inspection every 3 years,)
- Also ensure that all exits and their lighting, and the emergency lighting **are in good operational order**.
- **NEW APPLICATION REQUIREMENT** - Please ensure that your Fire Evacuation Plan and Fire Safety Plan are current and that all your employees are familiar with them. Practice and document all evacuation drills. If you don't have the Plans, you must create them. Contact my office with any questions.
- **FIRE/SMOKE/HEAT/CO** - YOU ARE REQUIRED TO PROVIDE A LETTER PROVING CO DETECTION REGARDLESS OF FUEL SOURCE.

Capt. Mark Schoenherr
Code Enforcement Officer

**APPLICATION FOR PUBLIC ASSEMBLY LICENSE
NEW ROCHELLE FIRE DEPARTMENT
90 Beaufort Pl. New Rochelle, N.Y. 10801**

THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED WITH PAYMENT ANNUALLY.

NOTE: A separate application and filing/inspection fee will be required for each area, space, or tenancy, partially or entirely within a permanent enclosure, used as a place of assembly. Where several arrangements are proposed within a place of assembly, only one application and filing/inspection fee will be required.

BUSINESS TRADE NAME: _____ TEL.#: _____

PERMIT ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT'S NAME: _____ TEL #: _____

LIST NAMES AND ADDRESSES OF PARTNERS OR OFFICERS:

_____ TITLE: _____ TEL.# _____

_____ TITLE: _____ TEL.# _____

_____ TITLE: _____ TEL.# _____

Name of ROOMS/SPACES for which this application is made:

1. _____ Occ. #: _____
2. _____ Occ. #: _____
3. _____ Occ. #: _____
4. _____ Occ. #: _____

As the applicant whose signature appears below, I certify that:

All information on this application is correct to the best of my knowledge and belief. I am the owner of the premises described hereon or operator or lessee authorized by the owner of the premises to make this application. I have knowledge of all laws, codes, and regulations applicable to the use of the premises as a place of public assembly and that the premises presently complies and will in the future comply with said laws, codes and regulations, to the best of my knowledge and belief.

All fire protection equipment such as sprinkler systems, standpipes, exits and their lighting, fire detection systems and emergency lighting **are in good operational order and inspected as required.** (Fire suppression systems every 6 months. sprinkler system and extinguishers every year, electrical Inspection every 3 years,)

DATE: _____

SIGNED: _____

TITLE: _____

(Add Corporation seal if Corporation)

OFFICIAL USE ONLY:

INSPECTED BY: _____

DATE: _____

APPROVED BY: _____

DATE: _____

RECEIPT# _____

DATE: _____

PERMIT #: _____ ISSUED: _____ EXPIRES: _____

PUBLIC ASSEMBLY PERMIT FEES

Capacity: 1-49 (Assembly only [not Public Assembly], on request of occupant)	\$200
Capacity: 50-100 per room	\$250
Capacity: 101-300 per room	\$300
Capacity: 301 & up per room	\$350

30 DAYS PAST DUE FINE DOUBLES.