

(914) 722-1219

**Fire Inspector's Office  
SCARSDALE FIRE DEPARTMENT  
50 Tompkins Road, Scarsdale NY 10583**

Fax (914) 722-1214

**APPLICATION FOR PERMIT**

Application is hereby made, by the undersigned, for a Permit required by Chapter 132 of the Code of the Village of Scarsdale. This application must be **typed** or **printed**.

- 1) Type of Business, Activity, or Operation Applicant intends to conduct:  
\_\_\_\_\_
  
- 2) Applicant \_\_\_\_\_  
Address \_\_\_\_\_
  
- 3) Name under which & location Applicant intends to conduct business  
Doing Business As \_\_\_\_\_  
Location (St. Address Number) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ Emergency \_\_\_\_\_ - \_\_\_\_\_
  
- 4) Building Owner \_\_\_\_\_  
Address \_\_\_\_\_

If Applicant is a Corporation or Partnership, set forth names and Addresses of all Partners:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use back of Application if additional space is required.

If Applicant is not Building Owner, indicate Applicant's status:

Lessee [ ]                                      Concessionaire [ ]                                      Licensee [ ]

Duration of Occupancy (termination date): \_\_\_\_\_

\*\* Where do you wish Permit & correspondence to be sent? #2, 3 or 4 \*\*

Date \_\_\_\_\_                                      Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

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[ ] Hold Pending Inspection                      [ ] Approved                                      [ ] Denied

Fire District \_\_\_\_\_

\_\_\_\_\_

Fire Inspector

\_\_\_\_\_

Date Approved