



PEEKSKILL
NEW YORK

APPLICATION for a FIRE SAFETY /
PROPERTY MAINTENANCE INSPECTION

City of Peekskill, New York
840 Main Street, 914-734-4140
County of Westchester

Permit No. _____

Date Issued / /20____

Section:	Block:	Lot:	Zone:

Date Expired / /20____

Fee \$ _____

Receipt No. _____

Date Submitted / /20____

Office Use Only

Residential:

Commercial:

Mixed Use:

Operating Permit:

Number of Residential Units:

Number of Commercial Spaces:

Equipment present:

Cooking Equipment:

Propane Exchange:

Elevator:

Fire Alarm:

Hood Suppression:

Ventilation Hood:

Backflow Preventer:

Fire Escape:

Location: _____

Business Name: _____

Applicant: _____

(Please print legibly)

Signature of Applicant

OWNER

TENANT

PROPERTY MANAGER

OTHER _____

Address: _____

Tel. #: _____

City _____

State _____

Zip _____

Email: _____

Mailing Address for Certificate to be sent:

Address _____

Contact: _____

(Please print legibly)

City _____

State _____

Zip _____

Email: _____

Tel. #: _____