



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____

Date Expired / /20____

Section:	Block:	Lot:	Zone:

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.#:

Tel.#:

City

State

Zip

Email:

Mailing Address for Certificate to be sent:

Address

Contact:

(Please print legibly)

Tel.#:

City

State

Zip

Email: