



PEEKSKILL
NEW YORK

APPLICATION for
FIRE SAFETY & PROPERTY MAINTENANCE INSPECTION / OPERATING PERMIT
City of Peekskill, New York
840 Main Street, 914-734-4140
County of Westchester

Permit No. _____

Fee \$ _____

Date Issued / /20 _____

Section:	Block:	Lot:	Zone:

Date Expired / /20 _____

Receipt No. _____

Date Submitted / /20 _____

↑ Office Use Only ↑

Check all that apply:

Occupancy Use:

Residential
of Res. units _____

Commercial
of Com. spaces _____

Mixed Use
of Res. units _____
of Com. Spaces _____

Permit Type:

Fire Safety Inspection Blasting Permit Food Truck Permit

Operating Permit Burn Permit Firework Permit

Other _____

Equipment Present:

Propane Exchange Elevator Backflow Preventer

Firework Permit Fire Alarm Fire Escape

Ventilation Hood Hood Fire Suppression

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: _____

Tel. #: _____

City _____

State _____

Zip _____

Email: _____