



# TOWN of CHEEKTOWAGA

## OFFICE of FIRE SAFETY INSPECTIONS

### Application for Annual Multiple Dwelling Inspections

\_\_\_\_/\_\_\_\_/20      \_\_\_\_\_      \$ \_\_\_\_\_.\_\_\_\_      \_\_\_\_/\_\_\_\_/20      \_\_\_\_\_-\_\_\_\_  
 Date of Application      Received By      Fee      Date Paid      Application No.

#### APPLICANT / OWNER INFORMATION

\_\_\_\_\_  
 Applicant's Name      (\_\_\_\_)\_\_\_\_\_  
 Daytime Phone No.      (\_\_\_\_)\_\_\_\_\_  
 Cell Phone No.

\_\_\_\_\_  
 Legal Address of Multiple Dwelling      Cheektowaga, NY 14\_\_\_\_  
 email address      @\_\_\_\_

\_\_\_\_\_  
 Property Owner's Name      (\_\_\_\_)\_\_\_\_\_  
 Daytime Phone No.      (\_\_\_\_)\_\_\_\_\_  
 Cell Phone No.

\_\_\_\_\_  
 Property Owner's Address      \_\_\_\_\_, \_\_\_\_\_  
 City      State      Zip code      email address      @\_\_\_\_

#### PROPERTY INFORMATION

**Check all that apply.**

\_\_\_\_ number of buildings in complex      \_\_\_\_ number of units in each building      \_\_\_\_ total number of units

tenant common areas (hallways, stairwells, furnace rooms and laundry rooms etc.)       other \_\_\_\_\_

Fees are based on \$200.00 for the first five (5) building common areas and \$100.00 for each additional building five(5) common areas.

#### Fee calculations:

**\$200** for first five (5) buildings + **\$100** for each additional five (5) buildings x \_\_\_\_ = **\$200** + \$ \_\_\_\_ = **Total fee of \$ \_\_\_\_\_.00**

\_\_\_\_\_  
 Property Manager / Contact      (\_\_\_\_)\_\_\_\_\_  
 Daytime Phone No.      (\_\_\_\_)\_\_\_\_\_  
 Cell Phone No.

\_\_\_\_\_  
 Mailing Address      \_\_\_\_\_, \_\_\_\_\_  
 City      State      Zip code      email address      @\_\_\_\_

#### OWNER / AGENT'S CERTIFICATION

Under penalties of perjury I, \_\_\_\_\_ so affirm that I am the owner of record, or have been authorized by the owner of record, to act on the owner's behalf; and that I have examined this application and verify that all information listed upon it is correct and accurate, and as such hereby agree to comply with the application requirements of the International Fire Code as adopted by New York State. I further understand that this application is not a license.

\_\_\_\_\_  
 Signature      \_\_\_\_/\_\_\_\_/20\_\_\_\_  
 Date

Please return Application and Fee to:

TOWN of CHEEKTOWAGA  
 Office of Building and Plumbing Inspections  
 275 Alexander Street, Cheektowaga NY 14211

All Attachments, Certifications or Drawings can be emailed to [Firesafety@tocny.org](mailto:Firesafety@tocny.org)

Additional questions should be directed to Office of Fire Safety at (716)897-7281.

## REPORTS REQUIRED PRIOR TO INSPECTION

- Yes  No Site Plan for the entire complex.
- Yes  No Fire alarm system testing report including testing agents certification.
- Yes  No Fire sprinkler system testing report including testing agents certification.
- Yes  No Smoke alarm testing report including log.
- Yes  No Fire hydrant testing report including testing agents certification.
- Yes  No Elevator testing report including testing agents certification.
- Yes  No Other \_\_\_\_\_.