



TOWN of CHEEKTOWAGA

OFFICE of FIRE SAFETY INSPECTIONS

Application for Annual Multiple Dwelling Inspections

_____ \$ _____
 Date of Application Received By Fee Date Paid Application No.

APPLICANT / OWNER INFORMATION

 Apartment Complex Name Daytime Phone No. Cell Phone No.

_____ Cheektowaga, NY _____
 Legal Address of Multiple Dwelling email address

 Property Owner's Name Daytime Phone No. Cell Phone No.

 Property Owner's Address City State Zip code email address

PROPERTY INFORMATION

____ number of buildings in complex ____ number of units in each building ____ total number of units

Fees are based on \$150.00 for the building and \$50.00 for each additional building.

Fee calculations:

\$150 for first building + **\$50** for each additional building = \$150 + \$ _____ = **Total fee of \$** _____

 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 owners 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 Date

Return this Application and the appropriate Fee to:
The Town of Cheektowaga Office of Fire Safety
275 Alexander Ave, Cheektowaga, New York 14211

All attachments, certifications or drawings can be emailed to firesafety@tocny.org.

Any additional questions should be directed to the Office of Fire Safety at (716) 686-3490.

REPORTS REQUIRED PRIOR TO INSPECTION

Site Plan for the entire complex.

Fire alarm system testing report.

Fire sprinkler system testing report.

Smoke alarm testing report including log.

Fire hydrant testing report.

Elevator testing report.

Other _____.