Rockland County Office of Buildings and Codes ANNUAL FIRE SAFETY INSPECTION FEE FORM

	ANNOAL FIRE SAFETY INSPECT		
	of Owner/Occupant/Business:		
Property Address:		_ Suite #Spring V	'alley, NY
Email Address:		_ Phone:	
	etions: Select applicable Occupancy Type (if mixed use, chec		
	al column. Accurate information must be provided to avo		t Officers
Will coi	nfirm square footage and occupancy loads during Fire Safety	inspections.	
<i>C</i> I 1	TANDE OF OCCAMPANCY	DEE AMOUNT	TOTAL T
Check Below		FEE AMOUNT	TOTAL
Delow	Special or Hazardous Use Facility:	\$200	
	Includes Gas station, Carwash, Autobody	PLUS select the square	
	· · · · · · · · · · · · · · · · · · ·	footage of each separate	
	Shop, Chemical Lab, Lumber Yard, Storage	structure below.	
	0 to 10,000 square feet	\$200	
	10,001 to 25,000 square feet	\$525	
	25,001 to 50,000 square feet	\$775	
	50,001 to 75,000 square feet	\$1,025	
	75,001 to 100,000 square feet	\$1,275	
	100,001 to 125,000 square feet	\$1,575	
	125,001 to 150,000 square feet	\$1,825	
	150,001 to 175,000 square feet	\$2,075	
	175,001 to 200,000 square feet	\$2,325	
	200,001 to 250,000 square feet	\$2,575	
	250,001 square feet and OVER	\$2,825	
	Assembly or Education Use		
	Occupancy Load 0 to 100	\$175	
	Occupancy Load 101 to 250	\$250	
	Occupancy Load 251 to 500	\$325	
	Occupancy Load 501 to 750	\$400	
	Occupancy Load 751 to 1000	\$525	
	Occupancy Load 1001 to 1500	\$600	
	Occupancy Load 1501 and OVER	\$750	
		TOTAL FEE OWED:	
Return	Completed Form with Payment within 30 days of date of No	otice to the Office of Buildings	and Codes.
	Checks must be made payable to: Rockland County	_	
I cert	ify that the information provided on this Form is corr	ect. I understand that false s	tatement
	herein are punishable as a Class A misdemeanor. I fu		
	provided any false information, I may be subject to		
	ficate of Compliance may be revoked.	1	·
	Signature:		
			
	Print Name:	Date:	