

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

Name of Owner/Occupant/Business: _____

Property Address: _____ Suite # _____ Spring Valley, NY

Email Address: _____ Phone: _____

Instructions: Select applicable Occupancy Type (if mixed use, **check all that apply**) and add Fee Amounts in the Total column. **Accurate information must be provided to avoid penalties.** Code Enforcement Officers will confirm square footage and occupancy loads during Fire Safety inspections.

Check Below	TYPE OF OCCUPANCY	FEE AMOUNT	TOTAL
	Multiple-Family Dwellings Senior Citizen Housing; Transient Occupancy; Adult Residential Care Facility	\$175 per building PLUS \$25 per unit. _____ # of Units	
Commercial Establishments : Business, Mercantile, Storage 1, 2, Utility and Mixed Use			
	To be Completed by Landlord for Common Area Space and/or Tenant for Individual Leased Space	\$150 PLUS square footage of common areas 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	
INSPECTION FEE			
2ND REINSPECTION FEE			
TOTAL FEE DUE			

Return Completed Form with Payment within **30 days of date of Notice** to the Office of Buildings and Codes.

Checks must be made payable to: **Rockland County Commissioner of Finance**

I certify that the information provided on this Form is correct. I understand that false statements made herein are punishable as a Class A misdemeanor. I further understand that upon discovery that I provided any false information, I may be subject to criminal and civil penalties and my Certificate of Compliance may be revoked.

Signature: _____

Print Name: _____ Date: _____