

OPERATING PERMIT APPLICATION FORM

Part I Applicant/Building Information

Applicant's Name: _____

Applicant's Address: _____

Contact Person: _____ Telephone: _____

Address of Premises for which Operating Permit is requested: same as above

Other (specify): _____

Tax Map Number: _____ Current Occupancy Class: _____

Part II Type Operating Permit

An Operating Permit is required to conduct any activity or to use any class of building listed below. Please indicate the type(s) of Operating Permit(s) requested by checking each applicable box. (If you require assistance, or would like more information, contact the

Manufacturing, storing or handling hazardous materials in quantities exceeding those listed in Tables 2703.1.1(1), 2703.1.1(2), 2703.1.1(3) or 2703.1.1(4), of the Fire Code of New York State (see 19 NYCRR Part 1225); (See Appendix A.) Identify the materials and quantities and describe the manner in which the materials will be manufactured, stored or handled (attach additional sheets if necessary):

Conducting a hazardous process or activity (including but not limited to, any commercial or industrial operation which produces combustible dust as a byproduct, fruit and crop ripening, and waste handling; (See Appendix B.) Describe the process(es) or activity(ies) to be conducted (attach additional sheets if necessary):

Use of pyrotechnic devices in assembly occupancies; (See Appendix C.) Describe the proposed use (attach additional sheets if necessary):

Use of a building containing one or more areas of public assembly with an occupant load of 100 persons or more (See Appendix D.) Describe the proposed use (attach additional sheets if necessary):

Part III
Premises/Building Information

1. Date of last Inspection of Premises? _____

2. Has a Certificate of Occupancy been issued for the premises?

YES
 NO

Type: Permanent Temporary

Date of Issuance: _____

3. Date(s) of issuance of previous Certificate(s) of Occupancy? (If any): _____

4. Has a Certificate of Compliance been issued for these Premises?

YES
 NO

Type: Permanent Temporary

Date of Issuance: _____

5. Are there currently any open Building Permits associated with the premises?
If yes, please describe (attach additional sheets if necessary):

YES

NO

6. Have any violations to the Uniform Code been issued in relation to the Premises?

YES

NO

If yes, please describe (attach additional sheets if necessary):

7. Have any variances to the Uniform Fire Prevention and Building Code been granted in relation to these premises?

YES

NO

If yes please describe (attach additional sheets if necessary): *(Include Variance Decision Number)*

Application #: _____

OPERATING PERMIT APPLICATION FORM
Part III (continued)

8. Additional Comments:

SIGNATURE OF APPLICANT

I hereby certify that the foregoing information (and all information in attached sheets, if any) is true and complete.

Signature of Applicant or Authorized Representatives Signature

Date

Name (and Title, if applicable of person signing Application (Please print)

Part IV

To be completed by

Inspection Required YES NO

Inspections Performed YES NO Date of Inspection: _____

Tests or Reports required to verify compliance? YES NO

If YES, have Tests or Reports been received? YES NO

Description:

Application(s) Approved: YES NO

Operating Permit Issued By: _____

Date Operating Permit Issued: _____ Date Operating Permit Expires: _____

Type/Description of Operating Permit: _____

Conditions of Operating Permit (list conditions here AND in the space provided in the Operating Permit):

Additional Comments:
