



TOWN of CHEEKTOWAGA

OFFICE of FIRE SAFETY

Application for Operating Permit

FOR OFFICIAL USE ONLY

____/____/20 _____ - _____ /____/20 AM PM
Date of Application Received By Operating Permit No. Inspection Date

Permit application Fee \$100.00 payable at time of filing.

Payment date: ____/____/20__

Fee waived if attached to Building Permit

Building Permit No.: _____ - _____

1/2 hour 1 hour A B M H R1 R2 S I E

APPLICANT to COMPLETE the PINK PORTION!

TYPE OF OPERATING PERMIT:

Public Assembly Hazardous Materials Institutional Commerical Other

Name of Business (____)____ Daytime Phone No. (____)____ Cell Phone No.

Address of Business Cheektowaga, NY 14____ email address @_____

Owner's Name (____)____ Daytime Phone No. (____)____ Cell Phone No.

Owner's Address City, State Zip code email address @_____

Local Key Holder Information:

Name (____)____ Daytime Phone No. (____)____ Cell Phone No.

Address City, State Zip code email address @_____

INDICATE TYPE OF BUSINESS _____

If Day Care facility (number of children ____), NYSOC&FS License # _____ Expiration Date ____/____/20__

ADDITIONAL INFORMATION AND REQUIREMENTS ON REVERSE SIDE

Fire Protection Equipment Reports

(indicate all reports being provided with application)

The following information for all applicable fire protection equipment must be submitted to the Town of Cheektowaga Office of Fire Safety, before a permit or renewal of an existing permit will be issued!

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| Elevator Testing Reports..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Emergency Lighting Testing Reports as per IFC 604.6..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Exit Signs Maintained in working order..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Fire Alarm / Detection System Testing Certification as per NFPA 72..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Fire Extinguisher Annual Recertification as per NFPA 10..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Fire Pump Annual Testing Certification as per NFPA 25..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Fire Suppression System (Ansul) Testing Certification as per NFPA 17... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Hood System Cleaning Certification..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Private Hydrant Inspection / Testing Certification as per NFPA 25..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Sprinkler System Testing Certification as per NFPA 25..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

An Operating Permit will not be issued unless the above indicated documents have been submitted!

- | | | | |
|----------------------------------|------------------------------|-----------------------------|------------------------------|
| Knox Box has been installed..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Secured Keys are current..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

For hazardous materials on site please attach a recent copy of :

Hazardous Materials Report Form as required by

General Municipal Law §209-u

Operation of a commercial business without a permit is a violation of the Town of Cheektowaga Fire Prevention Code and punishable by a fine and/or jail.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION PROVIDED IS CORRECT, AND THAT I AM THE OWNER, OR AM DULY AUTHORIZED TO ACT ON THE OWNER'S BEHALF, AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICATION REQUIREMENTS OF THE FIRE PREVENTION CODE. I FURTHER UNDERSTAND THAT THIS PERMIT IS NOT A LICENSE.

Applicant's Signature

Applicant's Title

**Return this Application and the appropriate Fee to:
The Town of Cheektowaga Office of Building and Plumbing Inspections
275 Alexander Avenue, 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) 897-7281.**