

The Town of Cheektowaga



Office of Building and Plumbing Inspections
275 Alexander Avenue, Cheektowaga, NY 14211
(716) 686-3470

Fire Inspection Office
275 Alexander Avenue, Cheektowaga, NY
14211 (716) 686-3490

COMMERCIAL CHANGE OF TENANT FILING REQUIREMENTS

Re:
Permit

Date:

Please provide the following information at the time of permit application submission:

Submit all items that are checked red in the boxes below:

- Completed permit work sheet with permit fee (see fee schedule)**
- Tenant Letter of Intent - **Tenants name, number of employees, hours of operation and use of space.****
- Provide a detailed floor plan of the Space indicating room designations and size, total space square footage, exit doors, exit and emergency lighting and fire extinguisher locations.**
- The tenant must fill out and submit a Fire Safety Application with the tenant's information and complete all relevant sections as described on the document. - **no fee required****
- Complete Hazardous Material 209-U form if applicable**

Change of Tenant / Change of Occupancy Work Sheet

Property Address:	
Have you applied and received a zoning compliance letter?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, please contact this office to apply for a Zoning Letter of Compliance.	
Previous business type at location:	<input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Storage
<input type="checkbox"/> Institutional <input type="checkbox"/> Factory <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Educational	
If assembly, which group?	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5
If unsure of occupancy type please visit https://up.codes/viewer/new_york/ibc-2018/chapter/3/occupancy-classification-and-use#3 for more information.	
Proposed new business type?	<input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Storage
<input type="checkbox"/> Institutional <input type="checkbox"/> Factory <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Educational	
If assembly, which group?	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5
If previous business and proposed business are different a Change in Occupancy permit will be required.	
Currently Zoned:	<input type="checkbox"/> R <input type="checkbox"/> RS <input type="checkbox"/> RA <input type="checkbox"/> RCS <input type="checkbox"/> RMH
<input type="checkbox"/> NS <input type="checkbox"/> C <input type="checkbox"/> CM <input type="checkbox"/> MS <input type="checkbox"/> CF <input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> AG	
Please verify zoning district at https://experience.arcgis.com/experience/aa0da4f9b8a8450a9f4e405ee47daace	
You can verify if your business is allowed to operate in this zoning district by viewing the Town of Cheektowaga Zoning law at https://ecode360.com/8758829#8758829	
Does your business meet the zoning requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, contact this office for further assistance in applying for rezoning, a variance or special use permit.	
Will any walls, doors, windows or floors be altered for new business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, a commercial alteration permit will be required to be applied for. If any construction is discovered upon inspection an additional \$150 fee will be added and a commercial alteration permit will be required to be applied for.	

Should there be any questions or concerns feel free to contact the Town of Cheektowaga Building Department at 716-686-3470.

Pre-application meetings may also be scheduled for further assistance.

To schedule call 716-686-3490.

Town of Cheektowaga Building Permit Application



Office Use Only	
Application Number:	_____
Assigned Inspector:	_____
Permit Fee:	_____
Received By:	_____

Today's Date: _____

Plans filed: Yes No

Job Address: _____ **Suite Number:** _____

Property Owner's Name: _____

Property Owner's Phone Number: _____ Email: _____

Applicant's Name: _____

Applicant's Mailing Address: _____
Street City State Zip code

Applicant's Phone Number: _____ Email Address: _____

Building Contractor's Name: _____

Mailing Address: _____
Street City State Zip code

Cell Number: _____ Email: _____

Plumbing Contractor Name: _____

Description of Work:

- Residential Commercial Plumbing Fire Signs Other

Please describe your work: _____

Estimated Value of Construction: _____

The Town of Cheektowaga "Cost of construction table" will be used when costs provided are erroneous

Owner / Agent Certification:

I certify that I am the owner of record or have the permission of the owner of record to perform the work herein; and that all the information provided as part of this application is correct and true.

Print Name

Signature

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Letter of Intent

Business Name:

Business Address:

**Business Phone
Number:**

Description of Business:

Number of employees:

Days and Hours of Operation:

Day	Hours
Sunday	<hr/>
Monday	<hr/>
Tuesday	<hr/>
Wednesday	<hr/>
Thursday	<hr/>
Friday	<hr/>
Saturday	<hr/>

Print Name

Signature

Date



TOWN of CHEEKTOWAGA

OFFICE of FIRE SAFETY

Application for Operating Permit

Permit application Fee \$150.00 payable at time of filing.

FOR OFFICIAL USE ONLY

_____ AM PM
Date of Application Received By Operating Permit No. Inspection Date

Payment date: _____ Fee waived if attached to Building Permit (Building Permit No.: _____)

½ 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 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 _____)

Operating permit applications received ninety (90) or more days past prior permits expiration date will incur an seventy-five (\$75) dollar per month late fee.

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, prior to the inspection being scheduled**

Required

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 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 Ave, Cheektowaga, New York 14211

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

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

OFFICE OF FIRE PREVENTION AND CONTROL

HAZARDOUS MATERIALS REPORT FORM
(General Municipal Law, § 209-u)

The information entered herein is essential to your local fire chief for the protection of your employees, the fire-fighters and citizens in the immediate area, and to reduce damage to your property in the event of a fire or an emergency.

Every fire insurance policyholder, engaged in commerce in this state, is required by law to report the presence of hazardous materials at their business address.

Failure to file in accordance with the provisions of section 209-u of the General Municipal Law could result in a fine.

A separate report is required annually for each business address.

WHEN COMPLETED, THIS FORM MUST BE SENT TO YOUR LOCAL FIRE DEPARTMENT.

Hazardous Materials Location*

Firm Name _____	Street Add. Only _____
Bus. Add. _____	Bldg. Name or No. _____
City, State, Zip _____	City, State, Zip _____
Tel. No. _____	Policy Anniv. Date _____
Name Emergency Contact _____	Bus. Tel. _____ Home Tel. _____

(Signature and Title of Person Completing Form)

*It is suggested that a separate form be filled out for each building that contains hazardous materials.

EXEMPTIONS

Requests for exemptions from this law must be made in writing, attached to this form, and filed annually with your local fire department not later than the anniversary date of your policy.

All exemptions approved shall expire on the next policy anniversary date.

Exemptions denied shall require that the insured file a completed hazardous materials report form within 15 days of denial.

FOR FIRE DEPARTMENT USE ONLY

Exemptions: Approved _____ Denied _____ Additional Information Needed _____

(Date)

(Signature of Fire Chief)

(Fire Department Name and Address)

(Print Name of Fire Chief)

Instructions for Hazardous Material Listing

Identifying Symbol: This area identifies different classes of hazardous material. Most material will fall within one of these classes. If a particular material falls within two or more classes, it should be listed in each applicable class.

Two additional boxes are provided for material that does not fall within any class. These boxes may also be used if additional space is needed to further identify previously listed categories.

Amounts to be reported are shown in Table 1 below.


NOTE: SHIPPING AND PACKAGING LABELS MAY BE OF ASSISTANCE IN IDENTIFYING THE CLASS OF MATERIAL.

Hazardous Material Description and Proper Shipping Name

This area is reserved for the description and name of any hazardous material within a given class. If there is more than one material within a certain class, at a given location, then the most prevalent or most common should be used (indicate "most common").

Total Amount

List the total amount of reportable material within the given class. If the amounts vary from day to day, then the average amount should be listed.

Identifying Symbol	Hazardous Material Description and Proper Shipping Name	Total Amount
	Ethyl Chloride (most common)	60 gals.

Special Considerations/Remarks

This area is reserved for the policyholder and the fire chief for making any notes or comments they feel are pertinent. Several examples are listed below:

1. Building has a sprinkler system.
2. Adjacent building is a school.
3. Guard dogs are on the premises from 6:00 p.m. to 6:00 a.m.
4. Hazardous material amounts may vary greatly from day to day.
5. Poor water supply.
6. Access to the building is poor.
7. Flammable liquid is stored in the same building as oxidizer.

Table 1

Amounts to be Reported

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Explosives and Blasting Agents - any amount 2. Poison Gas - any amount 3. Poison and Irritant - any amount 4. Flammable Liquid - over 5 gallons inside a building and over 10 gallons outside a building 5. Flammable Solid - any amount 6. Flammable Gas - over 2,000 cubic feet at normal temperature 7. Nonflammable Gas - over 6,000 cubic feet at normal temperature | <ol style="list-style-type: none"> 8. Oxidizer - over 50 pounds 9. Organic Peroxide - over 10 pounds 10. Combustible Liquid - over 25 gallons inside a building and over 60 gallons outside a building 11. Radioactive Material - any amount 12. Corrosive Material - over 55 gallons 13. Dangerous When Wet Material - any amount 14. Etiologic Material - any amount |
|--|---|

(OVER)

Hazardous Material Definitions

The following definitions have been abstracted from the Code of Federal Regulations, Title 49-Transportation, Parts 100 to 199. Refer to the referenced sections for complete details.

NOTE: Rulemaking proposals are outstanding or are contemplated concerning some of these definitions.

Hazardous Material - Means a substance or material which has been determined by the Secretary of Transportation to be capable of posing an unreasonable risk to health, safety and property, when transported in commerce, and which has been so designated. (Sec. 171.8)

Multiple Hazards - A material meeting the definitions of more than one hazard class is classed according to the sequence given in Sec. 173.2.

HAZARD CLASS	DEFINITIONS
EXPLOSIVES	An Explosive - Any chemical compound, mixture or device, the primary or common purpose of which is to function by explosion, i.e., with substantially instantaneous release of gas and heat, unless such compound, mixture or device is otherwise specifically classified in Parts 170-189. (Sec. 173.50)
CLASS A EXPLOSIVE	Detonating or otherwise of maximum hazard. The nine types of Class A explosives are defined in Sec. 173.53.
CLASS B EXPLOSIVE	In general, function by rapid combustion rather than detonation and include some explosive devices such as special fireworks, flash powders, etc. Flammable hazard. (Sec. 173.88)
CLASS C EXPLOSIVE	Certain types of manufactured articles containing Class A or Class B explosives, or both, as components but in restricted quantities, and certain types of fireworks. Minimum hazard. (Sec. 173.100)
BLASTING AGENTS	A material designed for blasting which has been tested in accordance with Sec. 173.114a(b) and found to be so insensitive that there is very little probability of accidental initiation to explosion or of transition from deflagration to detonation. (Sec. 173.114a)
COMBUSTIBLE LIQUID	Any liquid having a flash point above 100°F. and below 200°F. as determined by tests listed in Sec. 173.115(d). Exceptions to this are found in Sec. 173.115(b).
CORROSIVE MATERIAL	Any liquid or solid that causes visible destruction of human skin tissue or a liquid that has a severe corrosion rate on steel. See Sec. 173.240(a) and (b) for details.
FLAMMABLE LIQUID	Any liquid having a flash point below 100°F. as determined by tests listed in Sec. 173.115(d). Exceptions are listed in Sec. 173.115(a).
COMPRESSED GAS	Compressed Gas - Any material or mixture having in the container a pressure exceeding 40 psia at 70°F., or a pressure exceeding 104 psia at 130°F.; or any liquid flammable material having a vapor pressure exceeding 40 psia at 100°F. (Sec. 173.300(a))
FLAMMABLE GAS	Any compressed gas meeting the requirements for lower flammability limit, flammability limit range, flame projection, or flame propagation criteria as specified in Sec. 173.300(b).
NONFLAMMABLE GAS	Any compressed gas other than a flammable compressed gas.
FLAMMABLE SOLID	Any solid material, other than an explosive, which is liable to cause fires through friction, retained heat from manufacturing or processing, or which can be ignited readily and when ignited burns so vigorously and persistently as to create a serious transportation hazard. (Sec. 173.150)
ORGANIC PEROXIDE	An organic compound containing the bivalent -O-O structure and which may be considered a derivative of hydrogen peroxide where one or more of the hydrogen atoms have been replaced by organic radicals must be classed as an organic peroxide unless...(See Sec. 173.151(a) for details)
OXIDIZER	A substance such as chlorate, permanganate, inorganic peroxide, or a nitrate, that yields oxygen readily to stimulate the combustion of organic matter. (See Sec. 173.151)
POISON A (Poison Gas)	Extremely Dangerous Poisons - Poisonous gases or liquids of such nature that a very small amount of the gas, or vapor of the liquid, mixed with air is dangerous to life. (Sec. 173.326)
POISON B (Poison)	Less Dangerous Poisons - Substances, liquids, or solids (including pastes and semi-solids), other than Class A or Irritating materials, which are known to be so toxic to man as to afford a hazard to health during transportation; or which, in the absence of adequate data on human toxicity, are presumed to be toxic to man. (Sec. 173.343)
IRRITATING MATERIAL	A liquid or solid substance which upon contact with fire or when exposed to air gives off dangerous or intensely irritating fumes, but not including any poisonous material, Class A. (Sec. 173.381)
ETIOLOGIC AGENT	An "etiologic agent" means a viable micro-organism, or its toxin which causes or may cause human disease. (Sec. 173.386) (Refer to the Department of Health, Education and Welfare Regulations, Title 42, CFR, Sec. 72.25(c) for details.)
RADIOACTIVE MATERIAL	Any material, or combination of materials, that spontaneously emits ionizing radiation, and having a specific activity greater than 0.002 microcuries per gram. (Sec. 173.389) NOTE: See Sec. 173.389(a) through (1) for details.
WATER REACTIVE MATERIAL (SOLID)	Means any solid substance (including sludges and pastes) which, by interaction with water, is likely to become spontaneously flammable or to give off flammable or toxic gases in dangerous quantities.