



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.