## Village Of Williamsville

Phone: 716-632-4120 Fax: 716-632-6009 www.village.williamsville.ny.us



5565 Main St Williamsville, NY 14221

### **OPERATING PERMIT APPLICATION FORM**

	Part I: Applicant/Building Information
Арр	olicant's Name:
Арр	olicant's Address:
Con	tact Person: Phone:
Loc	ation of Activity: SBL:
Cur	rent Occupancy Class:
	Part II: Type Operating Permit
indi	Operating Permit is required to conduct any activity or to use any class of building listed below. Please cate the type(s) of Operating Permit(s) requested by checking each applicable box. (If you require stance, or would like more information, contact the Village of Williamsville Building Department at 632-7747.)  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); 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; Describe the process(es) or activity(ies) to be conducted (attach additional sheets if necessary):
	Use of pyrotechnic devices in assembly occupancies; 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. Describe the proposed use (attach additional sheets if necessary):

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	Pa	rt III: Pr	emises/Building	Information	
1. Date of last Insp	ection of Premis	es?			
2. Has a Certificate	of Occupancy b	peen issued for the	e premises?		
☐ YES ☐ NO	Туре:	Permanent	Temporary	Date of Issuance:	
3. Date(s) of issuar	nce of previous (	Certificate(s) of Oc	cupancy? (If any):		
4. Has a Certificate	of Compliance	been issued for th	ese Premises?		
☐ YES ☐ NO	Туре:	Permanent	☐ Temporary	Date of Issuance: _	
			ociated with the premises eets if necessary):	? TES	□NO
•			ed in relation to the Pren	nises?	□NO
If yes, please desc	ibe (attach addi	tional sheets if ned	cessary):		
7. Have any varian	ces to the Unifor	m Fire Prevention	and Building Code been	granted in relation to thes	e premises?
☐ YES [	NO If you ol	ease describe (att	ach additional sheets if n	ecessary).	

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#### 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 of person signing Application										
	Part IV:	To be con	mpleted by t	he Fire Inspector						
Inspection Required	YES	□NO								
Inspections Performed	YES	□NO	Dat	re of Inspection:						
Tests or Reports requir	ed to verify co	mpliance?	YES	□NO						
If YES, have Tests or F Description:	Reports been re	eceived?	YES	□NO						
Application(s) Approve		_	NO							
Operating Permit Issued I										
			-	ating Permit Expires:						
Conditions of Operating	g Permit (list co	onditions here	AND in the space	e provided in the Operating Permit):						
Additional Comments:										