

# Village Of Williamsville

**Building Department**  
5565 Main Street  
Williamsville NY, 14221



Phone: 716-632-7747  
Fax: 716-626-4964  
www.walkablewilliamsville.c

## OPERATING PERMIT APPLICATION FORM

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### Part I: Applicant/Building Information

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Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Activity: \_\_\_\_\_ SBL: \_\_\_\_\_

Current Occupancy Class: \_\_\_\_\_

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### Part II: Type Operating Permit

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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 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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- Use of a building whose use or occupancy classification has been determined by the Village of Williamsville as posing a substantial potential hazard to public safety. Describe the proposed use (attach additional sheets if necessary):

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## Part III: Premises/Building Information

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1. Date of last Inspection of Premises? \_\_\_\_\_

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

YES      Type:     Permanent     Temporary      Date of Issuance: \_\_\_\_\_  
 NO

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      Type:     Permanent     Temporary      Date of Issuance: \_\_\_\_\_  
 NO

5. Are there currently any open Building Permits associated with the premises?       YES       NO  
If yes, please describe (attach additional sheets if necessary):

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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):

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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):

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8. Additional Comments:

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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

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### Part IV: To be completed by the Fire Inspector

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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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_