



TOWN OF PITTSFORD

APPLICATION FOR OPERATING PERMIT

SUBMISSION REQUIREMENTS:

- A. Proof of appropriate Liability Insurance, naming the Town as the Certificate Holder, in the amount of \$1,000,000., together with proof of appropriate Disability and Worker's Compensation Insurance or an approved Affidavit of Exemption;
- B. The required fee must be paid at the time of submission of:
an application for an Operating Permit, for an amended Operating Permit, or for reissue or renewal of an Operating Permit.

Name of Business: _____

Address: _____ Phone number: _____

Owner: _____

Address: _____ Phone number: _____
(if different from business address)

Activity requiring permit: _____

If applying for an Operating Permit for a Gas Station, include the following:

Number of storage tanks: _____

Type of products being dispensed: _____

Amount (gallons) of individual product stored: _____

The Fire Marshal or a Code Enforcement Officer shall inspect the subject premises prior to the issuance of an Operating Permit.

NOTE: By my signature below, I hereby authorize representatives from the Town of Pittsford, Department of Public Works, to enter the above referenced premises, during normal business hours, for the purpose of conducting necessary fire safety and property maintenance inspections.

Signature of Applicant

Date

(FOR OFFICE USE ONLY)

Approved By:

Name: _____ Title: _____

Permit Fee: _____ Insurance: _____

Date of inspection: _____ By: _____