Operating Permit Application

Village of Wellsville
Code Enforcement Office
156 North Main Street
Wellsville NY 14895
585-596-1755
585-593-7260 FAX
www.wellsvilleny.com

INSTRUCTIONS

The undersigned hereby makes application for an operating permit based upon the information included on this form and any supplemental documentation required. This application is to be reviewed by the code enforcement official.
The operating permit will be issued when all review notes are addressed, contractor insurances are on file, and permit fees are paid.

APPLICANT INFORMATION

Business Name: _____

Address of Activity: _____

Mailing Address (if different): _____

Contact Phone: _____ Email: _____

Type of Business: ☐ Place of Assembly ☐ Hazardous Activity ☐ Pyrotechnic/Fireworks Display

If Place of Assembly: # _____ of Occupants

The following documents must be available during the required annual fire inspection:
• *Fire Safety and Evacuation Plan* • *Elevator Inspection* • *Sprinkler Inspection/Testing*
• *Fire Alarm System Testing* • *Fire Suppression Inspection/Testing*

If Hazardous Activity:

The following documents must be available during the required fire inspection:
• *Fire Safety and Evacuation Plan* • *Hazard Mitigation Plan* •*Emergency Contact Sheet*
• *Material Data Safety Sheets (MSDS)* • *Site Plan showing hazard locations, fire department access, fire hydrants and evacuation zones.*

If Pyrotechnic/Fireworks Display or Sale:

The following documents must be provided with this application:
• *Diagram of event site* • *Liability insurance certificate, Village listed as additional insured*
• *Workers Compensation/Disability Insurance*

Fireworks Display

Name of Company: _____

Address: _____

License #: _____ Phone: _____ email: _____

Person to Contact: _____

Date of Display: _____ Time Of Display: _____ Duration: _____

Sale of Fireworks:

Date of Delivery: _____

Sale Dates: _____ to _____ Hours: _____ # of Employees _____

Security Plan _____

_____

Storage plan: _____

_____

_____

Types of fireworks offered for sale: _____

_____

OUR OFFICE ISSUES COMMENTS VIA EMAIL. PLEASE DOUBLE CHECK EMAIL ADDRESSES.

_____

Acceptance does not relieve the agent, applicant, or owner from complying with any of the provisions of the NYS Uniform Code, Local Zoning, etc., whether stated, implied, or omitted in the application and documents submitted for the operating permit. Incorrect information may result in revocation of permit.

Signature of Applicant: _____ Date: _____

1APR 17 VER

For Office Use Only

Approved/Denied: _____

Fire Department Notified: _____ Date: _____

Operating Permit # _____

Date Issued _____

OPERATING PERMIT APPLICATION
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