

# COMPRESSED GAS / CRYOGENS APPLICATION

In accordance with the Code of the Town of Gates and the NYS Fire Prevention and Building Code, no permit-required work will begin prior to the issuance of proper permits and/or approvals by the Town of Gates.

See NYS Fire Code for full requirements.

Proper Signage Must Be Provided.

## Town of Gates

Office of the Fire Marshal  
1605 Buffalo Road  
Rochester, NY 14624  
(585) 247-6100  
(585) 426-8581 Fax  
www.townofgates.org



All fields must be completed. If not applicable, please mark with N/A Date: \_\_\_\_\_

**UNSIGNED APPLICATIONS WILL BE RETURNED**

### SITE INFORMATION

BUILDING/SITE NAME:
BUILDING/SITE ADDRESS:
MAILING ADDRESS:

WILL THE AREA OF THIS WORK BE TENANT OCCUPIED? YES  NO  (If yes, fill in the information field below)

### OCCUPANT / TENANT INFORMATION

TENANT NAME:
ADDRESS:

### APPLICANT INFORMATION

BUSINESS NAME:		
ADDRESS:		
PHONE#:	FAX#:	E-MAIL:
CONTACT NAME:		
SIGNATURE:		

### (SUB) CONTRACTOR PERFORMING WORK

(CONTRACTOR PERFORMING WORK MUST HAVE WORKMEN'S COMPENSATION INSURANCE CERTIFICATE ON FILE IN THE BUILDING DEPT. NAMING THE TOWN OF GATES AS ADDITIONAL INSURED)

NAME:		
ADDRESS:		
PHONE#:	FAX#:	E-MAIL:
ON SITE CONTACT NAME:	CELL PHONE#:	

DOES THE SCOPE OF THIS PROJECT INVOLVE MORE THAN ONE SYSTEM? YES  NO  TOTAL # of Systems \_\_\_\_\_  
DOES THIS PERMIT INVOLVE MORE THAN ONE HAZARD CLASSIFICATION? YES  NO  HOW MANY? \_\_\_\_\_

PURPOSE: Installation  Addition  Alteration  Repair  Operate

IS THIS A REPLACEMENT OF AN EXISTING SYSTEM? YES  NO

Submittal of plans, application and payment of fees does not imply permission or permit by the Town of Gates for commencement of work.

**APPROVED PLANS AND A COPY OF THE PERMIT MUST BE KEPT ON SITE DURING  
INSTALLATION AND USE**

(continued on reverse)

**Note:** The issuance of a permit shall not prevent the Fire Marshal from thereafter requiring correction of deficiencies found during a fire safety inspection by the Fire Marshal or Fire Department.

**PROJECT NARRATIVE:** (Including *specific location* of work and tank(s): \_\_\_\_\_

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Describe Physical Securing of Tanks / Containers: \_\_\_\_\_

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Describe Product Handling Safety Precautions: \_\_\_\_\_

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Location of Compressed Gas or Cryogens: \_\_\_\_\_

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Describe Vehicle Impact Protection (if applicable): \_\_\_\_\_

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**VENTILATION:** Not Required  Passive  Mechanical – Automatic  Mechanical – Manual

**STORAGE:** Room  Containment Area  Closed Piping

Indicate What The Surface Material Is Under The Tank / Container: \_\_\_\_\_

The completed installation shall pass a visual inspection by a representative of the Office of the Fire Marshal.  
Please call the Office of the Fire Marshal at least 24 hours in advance to schedule inspections.

**THE FOLLOWING ARE INCLUDED AND REQUIRED FOR SUBMITTAL:**

*Included*   *n/a*

     Drawings – 2 Copies (stamped and signed by an Architect or Engineer)

     Equipment Cut – Sheets