

# EMERGENCY RESPONDER RADIO PERMIT 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#: _____

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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Drawings – 2 Copies (stamped and signed by an Architect or Engineer)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Baseline Signal Strength Test   |
| <input type="checkbox"/> | <input type="checkbox"/> | Contractor or Sub-Contractor Workmen’s Compensation Insurance Certificate   |
| <input type="checkbox"/> | <input type="checkbox"/> | Technical Specifications on all components of the system from the Manufacturer with proof of UL2524, FCC Type Acceptance and NFPA Compliance. |