

LIQUID – FLAMMABLE/COMBUSTIBLE 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.

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:

(MAILING ADDRESS MUST BE INCLUDED IF DIFFERENT FROM BUSINESS ADDRESS)

APPLICANT INFORMATION

NAME:
ADDRESS:
MAILING ADDRESS:

(MAILING ADDRESS MUST BE INCLUDED IF DIFFERENT FROM BUSINESS ADDRESS)

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

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

PURPOSE: Installation Addition Alteration Operation

PROJECT NARRATIVE: _____

<u>TYPE</u>	<u>Y/N</u>
To store, handle, or use Class I, II, III Liquids in containers – (Up to 25 Gal. Inside) _____	_____
To store, handle, or use Class I, II, III Liquids in containers – (Up to 50 Gal. Outside) _____	_____
To store, handle, or use Class I, II, III Liquids in containers – (Over to 25 Gal. Inside) _____	_____
To store, handle, or use Class I, II, III Liquids in containers – (Over to 50 Gal. Inside) _____	_____
Bulk Storage, handling, or use Class I, II, III Liquids in containers – (First 50,000 Gal.) _____	_____

Quantity of Product(s): _____

Location: _____

Product Name: _____

APPROVED COPY OF THE PERMIT MUST BE KEPT ON SITE