

PUBLIC ASSEMBLY 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

APPLICANT INFORMATION

BUSINESS NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE#:	FAX#:	E-MAIL:	
CONTACT NAME:		CELL PHONE #:	
SIGNATURE:			

MAILING ADDRESS (If different from applicant information)

NAME:			
ADDRESS:	CITY:	STATE:	ZIP:

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

NARRATIVE: _____

<u>TYPE:</u>	<u>Y/N</u>
To Operate A Place of Assembly (50 – 100 Occupants)	_____
To Operate a Place of Assembly (101 – 500 Occupants)	_____
To Operate a Place of Assembly (Over 500 Occupants)	_____

PROVIDE:

(Only if new applicant or an alteration has occurred within the last year)

- Floor Plan & Seating Arrangement with Dimensions
(Floor plan shall show all exits from the space)
- Exiting Plans
- Type of Venue (ie: Restaurant, Theater, Bar)
- Special Security Provisions or Concerns

DOES THIS BUSINESS OCCUPY THE ENTIRE BUILDING?

YES NO

Maximum Assembly Occupant Load _____

A copy of the permit must be kept on site