



**Town of Wellsville
Operating Permit
Application**

**Town of Wellsville
Code Enforcement
156 North Main Street
Wellsville, N.Y. 14895
(585) 593-1780 Ext. 202
(585) 593-0046 Fax
wlsvbuildingcode@gmail.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 operation permit will be issued when all review notes are addressed, contractor insurance 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: The following documents must be available during the required annual fire inspection:

_____ of Occupants 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, Safety Data Sheets, 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, Town 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, 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: _____

For Office Use Only

Approved/Denied: _____

Fire Department Notified: _____ Date: _____

Operating Permit # _____
Date Issued: _____