



# TOWN OF PITTSFORD

## APPLICATION FOR OPERATING PERMIT

### SUBMISSION REQUIREMENTS:

- A.** Proof of appropriate Liability Insurance, naming the Town as the Certificate Holder, in the amount of \$1,000,000., together with proof of appropriate Disability and Worker's Compensation Insurance or an approved Affidavit of Exemption;
- B.** The required fee must be paid at the time of submission of:  
an application for an Operating Permit, for an amended Operating Permit, or for reissue or renewal of an Operating Permit.

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
(if different from business address)

Activity requiring permit: \_\_\_\_\_

If applying for an Operating Permit for a Gas Station, include the following:

Number of storage tanks: \_\_\_\_\_

Type of products being dispensed: \_\_\_\_\_

Amount (gallons) of individual product stored: \_\_\_\_\_

**The Fire Marshal or a Code Enforcement Officer shall inspect the subject premises prior to the issuance of an Operating Permit.**

**NOTE:** By my signature below, I hereby authorize representatives from the Town of Pittsford, Department of Public Works, to enter the above referenced premises, during normal business hours, for the purpose of conducting necessary fire safety and property maintenance inspections.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### (FOR OFFICE USE ONLY)

#### Approved By:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Permit Fee: \_\_\_\_\_ Insurance: \_\_\_\_\_

Date of inspection: \_\_\_\_\_ By: \_\_\_\_\_