

OPERATING PERMIT APPLICATION FORM

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Part I Applicant / Building Information

Owner / Applicant: _____ Phone # _____

Applicant's Address: _____

Contact Person: _____ Phone # _____

Address of Premises for which Operating Permit is requested; ___ same as above
If other (specify); _____

Tax map Number: _____ Current Occupancy Class; _____

Part II Operating Permit Type

An Operating Permit is required to conduct any activity or to use any class of building listed below. PLEASE INDICATE THE TYPE(S) OF OPERATING PERMIT(S) REQUIRED BY CHECKING EACH APPLICABLE SPACE. (If you require assistance, or would like more information, contact the building dept, of the Town of Bristol 585-229-2440,

___ Manufacturing, storing or handling hazardous materials in quantities exceeding those listed in tables 2703.1.1(1), 2703.1.1(2), 2703.1.1(3) or 2703.1.1(4), of the Fire Code of New York State (see 19 NYCRR part 1225; (See Appendix A.) Identify the materials and quantities and describe the manner in which the materials will be manufactured, stored or handled (attach additional sheets if necessary);

___ Conducting a hazardous process or activity (including but not limited to, any commercial or industrial operation which produces combustible dust as a byproduct, fruit and ripening, and waste handling; (See Appendix B.) Describe the process (es) or activity (ies) to be conducted (attach additional sheets if necessary);

___ Use of pyrotechnic devices in assembly occupancies; (See Appendix C.) Describe the proposed use (attach additional sheets if necessary);

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Operating Permit type

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Part II (continued)

____ Use of a building containing one or more area of public assembly with an occupant load Of 100 persons or more (See Appendix D.) Describe the proposed use (attach additional sheets if necessary); _____

____ Use of a building whose use or occupancy has been determined by The Town of Bristol As posing a substantial potential hazard to public safety. (See Appendix E.) Describe the proposed use (attach additional sheets if necessary). _____

Part III

Premises/ Building Information

1. Date of last inspection of premises? _____
By whom, _____
2. Has a Certificate of Occupancy been issued for the premises?
____ YES or ____ NO ____ Permanent, ____ Temporary Date of Issuance _____
3. Dates of issuance of previous Certificates(s) of Occupancy? (If any) _____
4. Has a Certificate of Compliance been issued for the premises? _____
____ YES or ____ NO ____ Permanent, ____ Temporary, Date of Issuance _____
5. Are there currently any open Building Permits associated with the premises?
____ YES or ____ NO if yes describe _____

6. Have any violations to the Uniform Code been issued in relation to the premises?
____ YES or ____ NO if yes, please describe, _____

7. Have any variances to the Uniform Fire Prevention and Building Code been granted
In relation to the premises? ____ YES or ____ NO if yes please describe _____

8. Are all guide lines met that were set by the Zoning Board ____ YES or ____ NO
Please describe _____
9. Are all guide lines met that were set by the Planning Board ____ YES or ____ NO
Please describe _____
10. Additional _____

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SIGNATURE OF APPLICANT

I hereby certify that the foregoing information (and all information in attached sheets, if any) is true and complete.

Signature of Applicant or Authorized Representatives Signature

_____, Date _____

Name (and Title, if applicable of person signing Application (Please print)

PART IV TO BE COMPLETED BY TOWN OF BRISTOL

Inspections Required ____ YES or ____ NO

Inspections Performed _____ Date _____

_____ Date _____

_____ Date _____

Test or Reports required verifying compliance? ____ YES or ____ NO

If yes, has test s or reports been received? ____ YES or ____ NO

Description: _____

APPLICATION(S) APPROVED: ____ YES or ____ NO

Operating permit issued by: _____

Date Operating permit issued: _____ Date Operating Permit Expires _____

Type/ Description of Operating Permit: _____

Conditions of Operating permit (List any and all in the space provided in the Operating Permit.

**Town of Bristol
6740 County Rd. 32
Canandaigua, NY 14424
585-229-2400**

Operating Permit
This Operating Permit must be displayed

Application #: _____

Applicant's Name: _____

Applicant's Address: _____

Contact Person: _____ **Phone #:** _____

Address of premises for which Operating Permit is Issued: ____ same as above
____ Other (specify); _____

Date of issuance; _____, 20____ **Expiration Date:** _____, 20____

This Operating Permit is issued to the Applicant named above to conduct the activity (ies) and/or to Use the class (es) of building indicated below at the Premises specified above.

- ____ Manufacturing, storing or handling hazardous materials in quantities exceeding those listed in table 2703.1.1(1), 2703.1.1(2), 2703.1.1(3), 2703.1.1(4), of the Fire Code of New York State (see 19 NYCRR Part 1225); as Described in the Application.
- ____ Conducting a hazardous process or activity, as describe; as described in the Application.
- ____ Use of pyrotechnic devices in an assembly occupancies; as described in the Application.
- ____ Use of a building containing one or more area of public assembly with an occupant load of 100 persons or; as Described in the Application.
- ____ Use of a building whose use or occupancy classification has been determined by The Town of Bristol Zoning Board as posing a substantial potential hazard to the public safety; as described in the Application.

The conditions, surroundings and arrangements for the activity (ies) and/or use (es) subject to this Operating permit shall be in accordance with all applicable Laws, ordinances, regulations and the conditions (if any) mentioned below. The premises shall be subject to periodic inspection by The Town of Bristol Code Enforcement Officer to ensure compliance with applicable all applicable Laws, ordinances, regulations and conditions. The Operating Permit is subject to revocation for failure to comply with any applicable laws, ordinance, regulation or condition. This Operating Permit shall expire on the earliest of the Expiation Date specified above or on the date of revocation pursuant to the preceding sentence. **CONDITIONS** (continue on attached sheets, if necessary);

Town Of Bristol
Code Enforcement Officer; _____ **Date,** _____