

Village of Port Byron  
PO Box 398 52 Utica Street  
Port Byron, New York 1140-0398

## OPERATING PERMIT APPLICATION FORM

### Part I Applicant/Building Information

Applicant's Name: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address of Premises for which Operating Permit is requested:  
Same as above  
Other (specify): \_\_\_\_\_  
Tax Map Number: \_\_\_\_\_ Current Occupancy Class: \_\_\_\_\_

### Part II Type Operating Permit

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) requested by checking each applicable box. (If you require assistance, or would like more information, contact the Village of Port Byron Code Enforcement Office at (315)776-4321.

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 crop 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):

Use of a building containing one or more areas 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 classification has been determined by [Town of Genoa being the Authority Having Jurisdiction] as posing a substantial potential hazard to public safety. (See Appendix E.) Describe the proposed use (attach additional sheets if necessary):

Food Trucks Section 319.2 requires operating permits in compliance with Section 105.6  
19 NYCRR Part 1225—Fire Prevention2 Topic: New and Existing Mobile Food Preparation Vehicles

### Part III Premises/Building Information

1. Date of last Inspection of Premises? \_\_\_\_\_
2. Has a Certificate of Occupancy been issued for the premises?  
\_\_\_\_\_  
YES NO Type: Permanent Temporary Date of Issuance: \_\_\_\_\_  
NO
3. Date(s) of issuance of previous Certificate(s) of Occupancy? (If any): \_\_\_\_\_
4. Has a Certificate of Compliance been issued for these Premises?  
\_\_\_\_\_  
YES Type: Permanent Temporary Date of Issuance: \_\_\_\_\_  
NO
5. Are there currently any open Building Permits associated with the premises? YES NO  
If yes, please describe (attach additional sheets if necessary): \_\_\_\_\_
6. Have any violations to the Uniform Code been issued in relation to the Premises? YES NO  
If yes, please describe (attach additional sheets if necessary): \_\_\_\_\_
7. Have any variances to the Uniform Fire Prevention and Building Code been granted in relation to these premises?  
\_\_\_\_\_  
YES NO If yes please describe (attach additional sheets if necessary): (Include Variance Decision Number) \_\_\_\_\_
8. Additional Comments: \_\_\_\_\_

### 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 the **Village of Port Byron**

- Inspection Required: YES NO  
Inspections Performed YES NO Date of Inspection: \_\_\_\_\_  
Tests or Reports required to verify compliance? YES NO  
If YES, have Tests or Reports been received? YES NO  
Description:  
Application(s) Approved: YES NO  
Operating Permit Issued By: \_\_\_\_\_  
Date Operating Permit Issued: \_\_\_\_\_ Date Operating Permit Expires: \_\_\_\_\_  
Type/Description of Operating Permit: \_\_\_\_\_  
Conditions of Operating Permit (list conditions here AND in the space provided in the Operating Permit): \_\_\_\_\_  
\_\_\_\_\_

Additional Comments: