

Date of Application \_\_\_\_\_



## **Fire Safety Application- Town of Cheektowaga**

Application Fee: \$100. Paid Date \_\_\_\_\_  
Open Burn : \$ 25. Paid Date \_\_\_\_\_  
Tent Fee : \$ 25. Paid Date \_\_\_\_\_ per tent/per occurrence  
Elevator : \$ 35. Paid Date \_\_\_\_\_

**Operation without a permit is a violation of the  
Town of Cheektowaga Fire Prevention Code punishable by a fine and/or jail.**

**Application Type: Public Assembly   Hazardous   Daycare   Open Burn   Bonfire   Other**

### **General Business Information**

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

### **Business Owner Information:**

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Business Manager Information: (If different than owner)**

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Emergency Contact Information:**

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

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

**Type of Business: (check all that apply)**

- Restaurant       Night Club       Bar & Grill       Fast Food Restaurant  
 Repair Garage       Service Station       Dry Cleaner       Laundry mat  
 Retail       Nursing Home       Day Care Facility       Residential Care Facility  
 Amusement Building       Currently Vacant       other: \_\_\_\_\_

**Operating Permit Type: (check all that apply)**

**Complete the information below for compliance of Sections 70-27 and 70-29 of Fire Code Permits and the Laws for Administration and Enforcement of the codes of New York State**

**Select any and all that apply:**

- Assembly –Attach Floor Plan of Area used for Public Assembly       Residential Care Facility  
 Day Care-#of Children \_\_\_\_\_ NYS OC & FS License# \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Nursing Home       Tent, Size \_\_\_\_\_       Fireworks  
 Bonfire/Open Burn Date: \_\_\_\_\_ Rain Date: \_\_\_\_\_  
Fire Dept. Notified  Yes       No

Hazardous Materials:

	Liquid Stored	Capacity of Tank(s) Gal.	Type of Tank (Steel, Fiber etc.)	Date Installed	Other Hazardous materials	Above or Below Ground
1			Steel or Fiber			Above or Below
2			Steel or Fiber			Above or Below
3			Steel or Fiber			Above or Below
4			Steel or Fiber			Above or Below
5			Steel or Fiber			Above or Below
6			Steel or Fiber			Above or Below
7			Steel or Fiber			Above or Below
8			Steel or Fiber			Above or Below

**Fire Protection Reports: (check all that apply)**

The following information must be submitted to the Office of Fire Safety in order to process a permit OR for the renewal of an existing permit.

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

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| Hood System- Certification of Cleaning  | <input type="checkbox"/> YES | NO                          | <input type="checkbox"/> N/A |
| Fire Suppression System (Ansul)-Testing Certification-NFPA17                        | <input type="checkbox"/> YES | NO                          | <input type="checkbox"/> N/A |
| Fire Alarm/ Fire Detection System-Testing Certification-NFPA72                      | <input type="checkbox"/> YES | NO                          | <input type="checkbox"/> N/A |
| Fire Extinguisher-Is system in working order-NFPA10                                 | <input type="checkbox"/> YES | NO                          | <input type="checkbox"/> N/A |
| Exit Sign(s) Lit-Is system in working order   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Sprinkler System-Testing Certification-NFPA13                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Emergency Lighting-Is system in working order                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Elevator-Testing Certification  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Fire Pump-Is system in working order-Annual Performance Test -NFPA25                | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Hydrant (Yard/Private)-Is system in working order-Inspection/Testing Report -NFPA25 | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

**Additional Building Features: (check all that apply)**

- Recreation Center       Swimming Pool       Generator

**Knox Box Installed**       Yes       No

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, AND THAT I AM THE OWNER, OR AM DULY AUTHORIZED TO ACT ON THE OWNER'S BEHALF, AND AS SUCH HEREBY AGREE TO COMPLY WITH THE APPLICATION REQUIREMENTS OF THE FIRE PREVENTION CODE. I FURTHER UNDERSTAND THAT THIS PERMIT IS NOT A LICENSE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

**Please return Application and Fee to:  
Town of Cheektowaga  
Attn.: Town Clerk's Office  
3301 Broadway Street  
Cheektowaga, New York 14227**

**All Attachments, Certifications or Drawings can be emailed to [Firesafety@tocny.org](mailto:Firesafety@tocny.org)**

**Additional questions should be directed to Office of Fire Safety at 716/897-7281.**