



Fire Safety Application- Town of Cheektowaga

Date of Application: ____/____/____

Application Fee: \$100. Paid Date ____/____/____

Type of Operating Permit:

Public Assembly **Hazardous** **Institutional** **Commercial**

Business Name: _____

Address: _____

City, State, Zip: _____

Business Phone Number: ____/____

Business Owner Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: ____/____ Cell Phone: ____/____

Email: _____

Local Key Holder Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: ____/____ Cell Phone: ____/____

Email: _____

Type of Business: (check all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Night Club | <input type="checkbox"/> Bar & Grill | <input type="checkbox"/> Fast Food Restaurant |
| <input type="checkbox"/> Repair Garage | <input type="checkbox"/> Service Station | <input type="checkbox"/> Dry Cleaner | <input type="checkbox"/> Laundry mat |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Residential Care Facility | <input type="checkbox"/> Amusement Building |
| <input type="checkbox"/> Day Care-#of Children _____ NYS OC & FS License# _____ Exp. Date: _____ | | | |
| <input type="checkbox"/> Other: _____ | | | |

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.

Hood System- Cleaning Certification	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Fire Suppression System (Ansul) Testing Certification NFPA 17	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Fire Alarm / Detection System – Testing Certification NFPA 72	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Fire Extinguisher- Annual Recertification NFPA 10	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Sprinkler System – Testing Certification NFPA 25	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Emergency Lighting – In working order	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Exit Signs – In working order	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Fire Pump – Annual Testing certification NFPA 25	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Private Hydrant – Inspection / Testing report NFPA 25	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Elevator – Testing reports	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA

An Operating Permit will not be issued unless the above documents are submitted for any or all systems.

Knox Box installed: YES NO

Secured keys are current: YES
 NO (Keys need to be updated)

**For hazardous materials on site please attach a recent copy of
Hazardous Materials Report Form required by
General Municipal Law §209-u**

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

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: Building Department
275 Alexander Avenue
Cheektowaga, New York 14211**

All Attachments, Certifications or Drawings can be emailed to Firesafety@tocny.org

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