

SPECIAL EVENTS / INSPECTIONS APPLICATION

In accordance with the Code of the Town of Gates the NYS Fire Prevention and Building Code, no permit-required work will begin prior to the issuance of proper permits and/or approvals by the Town of Gates.

Town of Gates
Office of the Fire Marshal
1605 Buffalo Road
Rochester, NY 14624
(585) 247-6100
(585) 426-8581 Fax
dtytler@townofgates.org



All fields must be completed. If not applicable, please mark with N/A **Date:** _____

UNSIGNED APPLICATIONS WILL BE RETURNED

SPECIAL EVENT / EVALUATION INFORMATION

NAME OF EVENT:	
EVENT LOCATION:	
EVENT SPONSOR:	NOT FOR PROFIT ORGANIZATION: YES / NO
START DATE & TIME:	ENDING DATE & TIME:

APPLICANT INFORMATION

NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
PHONE#:	FAX#:	E-MAIL:	
SIGNATURE:			

MAILING ADDRESS (If different from applicant information)

NAME:			
ADDRESS:	CITY:	STATE:	ZIP:

This application is for short term events not to exceed 30 days. Submittal of application and payment of fees **does not** imply permission or permit by the Town of Gates.

EVENT NARRATIVE:

<u>SPECIAL EVENTS:</u>	<u>FEE</u>	<u>Y/N</u>
Fire / Life Safety Inspections (Carnivals/Fairs/Exhibits/Trade Shows & Others)	\$125.00	_____
Conduct a Fireworks Display	\$125.00	_____
Air-Supported Temporary Membrane Structure Over 200 Square Feet	\$125.00	_____
Liquid or Gas Fueled Vehicles or Equipment in Assembly Buildings	\$125.00	_____
Special Amusement Buildings (Includes Haunted Houses)	\$125.00	_____

Additional Personnel Standby Fees / Inspection of Fireworks Display Fees

Standby / Fireworks Display Fees will be charged at an hourly rate of \$50.00. The complexity of the Special Event will determine the number of hours required. Additional fees will **not** be charged if the event is held during normal Town Hall business hours.

Fireworks Only:
Display Company

Company Name: _____

Address: _____

Phone: _____ **Contact Person:** _____

NYS Dept. of Labor Explosives License: _____ **Expires** _____

Operator- Name of the certified pyro technician who will be in charge of the display:

Name: _____ **Certificate #** _____

Authorized Assistant(s):

Name: _____ **Certificate #** _____

Name: _____ **Certificate #** _____

Name: _____ **Certificate #** _____

Display Date/Time _____ **Expected Duration:** _____

Display:

Location: _____

Content: _____

How will fireworks be stored prior to the display: _____