

AUTOMOTIVE REPAIR & SERVICING APPLICATION

In accordance with the Code of the Town of Gates and 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
 www.townofgates.org



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

SITE INFORMATION

BUILDING/SITE NAME:
BUILDING/SITE ADDRESS:
MAILING ADDRESS:

(MAILING ADDRESS MUST BE INCLUDED IF DIFFERENT FROM BUSINESS ADDRESS)

BUSINESS INFORMATION

BUSINESS NAME:
BUSINESS ADDRESS:
MAILING ADDRESS:

(MAILING ADDRESS MUST BE INCLUDED IF DIFFERENT FROM BUSINESS ADDRESS)

BUSINESS PHONE #:	FAX#:	E-MAIL:
CONTACT NAME:		
PHONE#:		
SIGNATURE:		

Submittal of application and payment of fees does not imply permission or permit by the Town of Gates for commencement of work.

APPROVED COPY OF THE PERMIT MUST BE KEPT ON SITE

PURPOSE: Permit to Operate Change in Business Information Alteration of Site / Equipment

TYPE:

(check the one most applicable)

PERMIT FEE:

_____ **Automotive Wrecking Yard / Junkyards** **\$ 150.00**
 _____ **Motor Vehicle Repairs** **\$ 100.00**

Make checks payable to the
TOWN OF GATES

NARRATIVE OF WORK TO BE DONE: _____

Activity Location (where on the site): _____

Building Construction Materials & Features of Storage Area: _____

List Quantities & Types of Hazardous Materials or Flammable / Combustibles: _____
