

COMPRESSED GAS / CRYOGENS 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.

See NYS Fire Code for full requirements.
Proper Signage Must Be Provided.

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:

WILL THE AREA OF THIS WORK BE TENANT OCCUPIED? YES NO (If yes, fill in the information field below)

OCCUPANT / TENANT INFORMATION

TENANT NAME:
ADDRESS:

APPLICANT INFORMATION

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

(SUB) CONTRACTOR PERFORMING WORK

(CONTRACTOR PERFORMING WORK MUST HAVE WORKMEN'S COMPENSATION INSURANCE CERTIFICATE ON FILE IN THE BUILDING DEPT. NAMING THE TOWN OF GATES AS ADDITIONAL INSURED)

NAME:		
ADDRESS:		
PHONE#:	FAX#:	E-MAIL:
ON SITE CONTACT NAME:	CELL PHONE#:	

DOES THE SCOPE OF THIS PROJECT INVOLVE MORE THAN ONE SYSTEM? YES NO TOTAL # of Systems _____
DOES THIS PERMIT INVOLVE MORE THAN ONE HAZARD CLASSIFICATION? YES NO HOW MANY? _____

PURPOSE: Installation Addition Alteration Repair Operate

IS THIS A REPLACEMENT OF AN EXISTING SYSTEM? YES NO

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

APPROVED PLANS AND A COPY OF THE PERMIT MUST BE KEPT ON SITE DURING INSTALLATION AND USE

<u>TYPE</u>	<u>PERMIT FEE</u>	<u>Y/N</u>
Compressed Gases _____	\$150.00	_____
Cryogenes _____	\$100.00	_____

(continued on reverse)

Note: The issuance of a permit shall not prevent the Fire Marshal from thereafter requiring correction of deficiencies found during a fire safety inspection by the Fire Marshal or Fire Department.

PROJECT NARRATIVE: (Including *specific location* of work and tank(s): _____

Describe Physical Securing of Tanks / Containers: _____

Describe Product Handling Safety Precautions: _____

Location of Compressed Gas or Cryogens: _____

Describe Vehicle Impact Protection (if applicable): _____

VENTILATION: Not Required Passive Mechanical – Automatic Mechanical – Manual

STORAGE: Room Containment Area Closed Piping

Indicate What The Surface Material Is Under The Tank / Container: _____

The completed installation shall pass a visual inspection by a representative of the Office of the Fire Marshal.
Please call the Office of the Fire Marshal at least 24 hours in advance to schedule inspections.

THE FOLLOWING ARE INCLUDED AND REQUIRED FOR SUBMITTAL:

- | | | |
|--------------------------|--------------------------|--|
| <i>Included</i> | <i>n/a</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Drawings – 3 Copies (stamped and signed by an Architect or Engineer) |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment Cut – Sheets |

Make checks payable to the
TOWN OF GATES