

HOT WORK PERMIT 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:

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 TANK? YES NO TOTAL # of Tanks _____

Start Time: _____ End Time: _____

Start Date: _____ Finish Date: _____

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 LPG Tanks / Containers: _____

QUANTITY OF PRODUCT(S) AND TANK SIZE: _____

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

THE FOLLOWING ARE INCLUDED AND REQUIRED FOR SUBMITTAL:

1. **Equipment Cut – Sheets**
2. **Qualifications of Operators**
3. **Pre-Work Check Reports**
4. **Workers Comp Insurance (naming the town as additional insured)**

SIGNAGE MUST BE PRESENT WHEN COMPLETING THE WORK STATING...

CAUTION HOTWORK IN PROGRESS STAY CLEAR.

Make checks payable to the
TOWN OF GATES