TOWN OF TONAWANDA
OPERATING PERMIT APPLICATION

Address_____ SBL _____

Business
Name_____Phone_____

Applicant Name_____

Applicant Address _____Phone_____

Property Owner _____Phone_____

New Construction _____ Existing building _____ Expansion _____Zoning District _____

Type of Operation_____

Unless otherwise noted, please submit Two (2) copies of the following documents for review:

____1.) Application Form (completed and signed by business owner and land owner)
____2.) Property Survey
____3.) Statement describing the operation
____4.) List of chemicals by name, class and quantity
____5.) Floor plan
____6.) Site plan
____7.) List any permits, inspections or licenses required by any other agency
____8.) List of any hazardous chemicals in quantities exceeding those in table 2703.1.1 (1)
. 2703.1.1(2), 2703.1.1(3) or 2703.1.1(4) of the New York State Fire Code
____9.) Additional information and /or drawings as may be requested by the Town

_____ _____
Applicant signature date Property owners signature date

Application received by Building Dept _____Supporting documentation received_____

Reviewed by_____ date_____ Approved / Denied / more documentation required / referred

Referred to _____

Ttbd/pc 4/ 07