

# Operating Permit Application



**Village of Wellsville**  
Code Enforcement Office  
156 North Main Street  
Wellsville NY 14895

585-596-1755  
585-593-7260 FAX  
www.wellsvillenyny.com

## INSTRUCTIONS

*The undersigned hereby makes application for an operating permit based upon the information included on this form and any supplemental documentation required. This application is to be reviewed by the code enforcement official.  
The operating permit will be issued when all review notes are addressed, contractor insurances are on file, and permit fees are paid.*

## APPLICANT INFORMATION

Business Name: \_\_\_\_\_

Address of Activity: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Business:**  Place of Assembly  Hazardous Activity  Pyrotechnic/Fireworks Display

**If Place of Assembly:** The following documents must be available during the required annual fire inspection:  
# \_\_\_\_\_ of Occupants

- Fire Safety and Evacuation Plan
- Elevator Inspection
- Sprinkler Inspection/Testing
- Fire Alarm System Testing
- Fire Suppression Inspection/Testing

**If Hazardous Activity:** The following documents must be available during the required fire inspection:

- Fire Safety and Evacuation Plan
- Hazard Mitigation Plan
- Emergency Contact Sheet
- Material Data Safety Sheets (MSDS)
- Site Plan showing hazard locations, fire department access, fire hydrants and evacuation zones.

**If Pyrotechnic/Fireworks Display or Sale:** The following documents must be provided with this application:

- Diagram of event site
- Liability insurance certificate, Village listed as additional insured
- Workers Compensation/Disability Insurance

### Fireworks Display

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

License #: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Date of Display: \_\_\_\_\_ Time Of Display: \_\_\_\_\_ Duration: \_\_\_\_\_

### Sale of Fireworks:

Date of Delivery: \_\_\_\_\_

Sale Dates: \_\_\_\_\_ to \_\_\_\_\_ Hours: \_\_\_\_\_ # of Employees \_\_\_\_\_

Security Plan \_\_\_\_\_

Storage plan: \_\_\_\_\_

\_\_\_\_\_

Types of fireworks offered for sale: \_\_\_\_\_

\_\_\_\_\_

OUR OFFICE ISSUES COMMENTS VIA EMAIL. PLEASE DOUBLE CHECK EMAIL ADDRESSES.

\_\_\_\_\_

Acceptance does not relieve the agent, applicant, or owner from complying with any of the provisions of the NYS Uniform Code, Local Zoning, etc., whether stated, implied, or omitted in the application and documents submitted for the operating permit. Incorrect information may result in revocation of permit.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

1APR 17 VER

**For Office Use Only**

Approved/Denied: \_\_\_\_\_

Fire Department Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Operating Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_