

OPERATING PERMIT APPLICATION FORM

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Part I Applicant/Building Information

Applicant's Name: _____

Applicant's Address: _____

Contact Person: _____ Telephone: _____

Address of Premises for which Operating Permit is requested: same as above

Other (specify): _____

Tax Map Number: _____ Current Occupancy Class: _____

Part II Type Operating Permit

An Operating Permit is required to conduct any activity or to use any class of building listed below. **Please indicate the type(s) of Operating Permit(s) requested by checking each applicable box.** (If you require assistance, or would like more information, contact the VILLAGE OF RAVENA BUILDING DEPARTMENT at (518) 756-8201.

Manufacturing, storing or handling hazardous materials in quantities exceeding those listed in Tables 2703.1.1(1), 2703.1.1(2), 2703.1.1(3) or 2703.1.1(4), of the Fire Code of New York State (see 19 NYCRR Part 1225); **(See Appendix A.)** Identify the materials and quantities and describe the manner in which the materials will be manufactured, stored or handled (attach additional sheets if necessary):

Conducting a hazardous process or activity (including but not limited to, any commercial or industrial operation which produces combustible dust as a byproduct, fruit and crop ripening, and waste handling; **(See Appendix B.)** Describe the process(es) or activity(ies) to be conducted (attach additional sheets if necessary):

Use of pyrotechnic devices in assembly occupancies; **(See Appendix C.)** Describe the proposed use (attach additional sheets if necessary):

Use of a building containing one or more areas of public assembly with an occupant load of 100 persons or more **(See Appendix D.)** Describe the proposed use (attach additional sheets if necessary):

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Part II (continued)

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- Use of a building whose use or occupancy classification has been determined by VILLAGE OF RAVENA BUILDING DEPARTMENT as posing a substantial potential hazard to public safety. (See Appendix E.) Describe the proposed use (attach additional sheets if necessary):

**Part III
Premises/Building Information**

1. Date of last Inspection of Premises? _____

2. Has a Certificate of Occupancy been issued for the premises?

YES Type: Permanent Temporary Date of Issuance: _____
 NO

3. Date(s) of issuance of previous Certificate(s) of Occupancy? (If any): _____

4. Has a Certificate of Compliance been issued for these Premises?

YES Type: Permanent Temporary Date of Issuance: _____
 NO

5. Are there currently any open Building Permits associated with the premises? YES NO
If yes, please describe (attach additional sheets if necessary):

6. Have any violations to the Uniform Code been issued in relation to the Premises? YES NO

If yes, please describe (attach additional sheets if necessary):

7. Have any variances to the Uniform Fire Prevention and Building Code been granted in relation to these premises?

YES NO If yes please describe (attach additional sheets if necessary): (Include Variance Decision Number)

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Part III (continued)

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8. Additional Comments:

SIGNATURE OF APPLICANT

I hereby certify that the foregoing information (and all information in attached sheets, if any) is true and complete.

Signature of Applicant or Authorized Representatives Signature _____ Date _____

Name (and Title, if applicable of person signing Application (Please print) _____

Part IV

To be completed by RAVENA BUILDING DEPARTMENT

Inspection Required YES NO

Inspections Performed YES NO Date of Inspection: _____

Tests or Reports required to verify compliance? YES NO

If YES, have Tests or Reports been received? YES NO

Description: _____

Application(s) Approved: YES NO

Operating Permit Issued By: _____

Date Operating Permit Issued: _____ Date Operating Permit Expires: _____

Type/Description of Operating Permit: _____

Conditions of Operating Permit (list conditions here AND in the space provided in the Operating Permit):

Additional Comments:
