

## Village of Liverpool

310 Sycamore Street, Liverpool, NY 13088 Phone: (315) 457-3441, Fax: (315) 457-5119 Email: codes@villageofliverpool.org

## Operating Permit Application

All applicable sections of this application must

OFFICE USE ONLY				
Permit Number:	Date Received:			
Approved By:	Date Approved:			
Date Notified:	Permit Fee: \$			
Denied By:	Date Denied:			
Reason Denied:				

be completed or the application will be returned.			Reason Denied:		
PROPERTY LOCATION & OWNER					
LOCATION			TAX MAP NO.	ZONING	
PROPERTY OWNER	ADDRESS □ Same as abo	ve	OWNER PHONE	OWNER PHONE	
	ADDRESS El Sallic as above				
CITY	STATE	ZIP	OWNER EMAIL		
APPLICANT     □ Same as above       NAME/ TITLE OF APPLICANT     RELATIONSHIP TO OWNER					
DDRESS		PHONE	PHONE		
CITY	STATE	ZIP	EMAIL		
OPERATING PERMIT TYPE					
Please indicate the type of operating per	mit requested by chec	cking the	applicable box.		
☐ Manufacturing, storing or handling hazardous materials in quantities exceeding those listed in Tables 5003.1.1(1), 5003.1.1(2),					
			e Appendix A.) Identify the materials and q		
manner in which the materials will t	e manufactured, stor	ed or na	ndled (attach additional sheets if necessary	):	
☐ Conducting a hazardous process or a	activity (including but	not limit	ed to, any commercial or industrial operation	on which produces	
			te handling; <b>(See Appendix B.)</b> Describe the	•	
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 i	more areas of public a	ssembly	with an occupant load of 100 persons or m	ore (See Appendix D.)	
Describe the proposed use (attach additional sheets if necessary):					
Use of a building whose use or occupancy classification has been determined by the Code Official as posing a substantial potential					
hazard to public safety. (See Appendix E.) Describe the proposed use (attach additional sheets if necessary):					
Has a Certificate of Occupancy been issued for the premises? ☐ Yes ☐ No If yes, Date of Issuance:					
Have any violations to the Uniform Code been issued in relation to the Premises? $\square$ Yes $\square$ No					
If yes, please describe (attach additional sheets if necessary):					
And the construction of the Provide constituted with the constituted Provide Constitut					
Are there currently any open Building Permits associated with the premises?   Yes  No  If yes, please describe (attach additional sheets if necessary):					
, , ,					
Have any variances to the Uniform Fire Prevention and Building Code been granted in relation to these premises? $\Box$ Yes $\Box$ No					
If yes please describe (attach additional sheets if necessary): (Include Variance Decision Number)					
ADDITIONAL CENTRES AND					
By signing below, I hereby apply for an Operating Permit solely for the activity identified above and certify that I have read and understand					
the informational package requirements pertinent to this permit, agree to comply with the provisions of the Code of the Village of Liverpool					
and the Fire and Building Code of New York State.					
SIGN HERE	PRINT NAME		DATE		