

ANNUAL OPERATIONAL PERMIT

Tax Map No. _____

TOWN OF RIVERHEAD

FIRE PREVENTION PERMIT APPLICATION

200 Howell Avenue, Riverhead New York 11901 (631) 727-3200 x601

Date of Application: _____ Fee:*(below) _____ TOR File/Receipt No. _____

TYPE OF PERMIT

Special Occupancy:

- Auto Wrecking Yards, Junk Yards \$ 50.
- Waste Material Handling Plants \$ 50.
- Dry Cleaning Plants \$ 25.
- Automobile Repair Facility \$ 25.
- Lumberyards and Woodworking Plants \$ 75.
- Places of Assembly (51 or more person occupancy) No Fee
- Manufacture, Assembly or Storage of Fireworks \$ 150.

Hazardous Storage/Use:

- Storage of Readily Combustible Materials \$ 30.
- Storage of Combustible and Flammable Liquids \$ 150 (first 10,000 gal.) ADD \$.005 Per gal in excess 10,000
- Mobile Fueling Operation \$ 200.
- Storage/Use Hazardous Chemicals and Materials \$ 200. (first 1,000 gal or lbs.) ADD \$.005 per gal/ lb. excess 1,000
- Welding and Cutting Operations \$ 15.
- Hot Tar Work/Torch Applied Roofing \$ 25.
- Storage of Explosives \$ 150. (first 1,000 gal/lb.) ADD \$.005 per gal. or lb. Additional

Storage of Liquid Petroleum Gas:

- Commercial site with 2,000 gal. Or more of LPG \$150. (first 2,000 gal) ADD \$.005 per gal. in excess of 2,000 gal
- Retail Sale of Propane \$200.

PART 1: Applicant Information:

Name of Business: _____

Business Owner Name: _____ Daytime Phone No.: _____

Street Address: _____

Mailing Address (if different): _____

Property Owner Name (if different from applicant): _____

Contact Person -Name: _____ Phone No. _____

SIGNATURE OF APPLICANT (ALL PERMITS)

The accuracy of the information, plans, diagrams and other facts submitted in conjunction with the application are the responsibility of the applicant. Any false statement made herein is punishable as a misdemeanor, pursuant to Section 210.45 of the New York State Penal Law.

This applicant hereby gives permission to Town of Riverhead Fire Marshal to conduct a fire safety inspection in accordance with Fire Prevention Code of State of New York.

Signature of Applicant _____ Date: _____

**** Make checks payable to Town of Riverhead**