



FIRE MARSHAL'S OFFICE TOWN OF GREECE

One Vince Tofany Boulevard
Greece, New York 14612

Phone: (585) 723-2439 Fax: (585) 723-2442

www.greecenyc.gov

APPLICATION FOR PERMIT

DATE: _____

APPLICANT: _____
(Name)

PROPERTY OWNER: (if same as application, mark "SAME")

(Number) (Street)

(Name)

(City) (State) (Zip)

(Number) (Street)

(Phone)

(City) (State) (Zip)

CONCERNING PROPERTY LOCATED AT:

(Phone)

(Number)

(Street)

(Zip)

(Email)

Application is hereby made by the undersigned for a permit to:

- | | |
|--|---|
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Operate a place of public assembly (restaurant/lounge, etc.) |
| <input type="checkbox"/> Sprinkler System | <input type="checkbox"/> Store/dispense flammable liquids for retail sale |
| <input type="checkbox"/> Commercial Kitchen Hood | <input type="checkbox"/> Store/dispense flammable liquids for private use only |
| <input type="checkbox"/> Tent Event | <input type="checkbox"/> Store hazardous materials |
| <input type="checkbox"/> Mall KIOSK | <input type="checkbox"/> Operate an LPG facility |
| <input type="checkbox"/> CO2 Beverage | <input type="checkbox"/> Emergency Stand-by Power System |
| <input type="checkbox"/> OTHER _____ | |

at premises known as: _____

The undersigned represents that this application for a permit as described herein will be in accordance with all ordinances of the Town of Greece and the New York State Uniform Fire Prevention and Building Code and that any plans or specifications submitted with this application are the plans or specifications relating to this permit and no other.

Signature of applicant

OFFICE USE ONLY

PERMIT FEE \$ _____

RECEIPT # _____

Approved By Fire Marshal _____