



**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:

Fire Alarm

Operate a place of public assembly (restaurant/lounge, etc.)

Sprinkler System

Store/dispense flammable liquids for retail sale

Commercial Kitchen Hood

Store/dispense flammable liquids for private use only

Tent Event

Store hazardous materials

Mall KIOSK

Operate an LPG facility

CO2 Beverage

Emergency Stand-by Power System

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 _____