Town of Starkey
40 Seneca Street
Dundee, New York 14837
Email: Code@StarkeyNY.gov
Office: 607-243-7996
Fax: 607-243-7764

Application No.: _____
Date Filed _____
Fee Paid _____
Cash _____ Check #_____
Received by _____
Decision _____ Date _____

Small Business Operating Permit Application

BUSINESS NAME: _____

ADDRESS: _____

DESCRIPTION OF OPERATION(S): _____

_____

NAME OF PERSON IN CHARGE: _____

DAYTIME PHONE NUMBER: **EMERGENCY PHONE NUMBER:**

_____ _____

OWNER: _____ **PHONE NUMBER:** _____

SYSTEMS

FIRE EXTINGUISHERS _____ FIRE ALARMS _____
SPRINKLERS _____ FIXED FIRE SUPPRESSION_____
KITCHEN FIRE SUPPRESSION _____ FUSIBLE LINKS _____
EMERGENCY LIGHTING _____ EXITS MARKED _____
ELEVATOR _____ SPECIAL HAZARDS _____
OCCUPANCIES LOADS: _____

HAZARDOUS MATERIALS

MATERIAL	CLASS	QUANITY AND STORAGE

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Application is hereby made to the Code Enforcement Officer for the issuance of an operating permit pursuant to the Municipal Codes and the New York State Property Maintenance Codes. The applicant agrees to comply with all applicable laws, ordinances and regulations. The applicant further agrees that any certified Code Enforcement Officer shall be permitted to enter upon any building, structure or premises for which an operating application has been filed, or permit has been issued.