

AUTOMOTIVE REPAIR & SERVICING APPLICATION

In accordance with the Code of the Town of Gates and the NYS Fire Prevention and Building Code, no permit-required work will begin prior to the issuance of proper permits and/or approvals by the Town of Gates.

Town of Gates

Office of the Fire Marshal
1605 Buffalo Road
Rochester, NY 14624
(585) 247-6100
(585) 426-8581 Fax
www.townofgates.org



All fields must be completed. If not applicable, please mark with N/A

Date: _____

UNSIGNED APPLICATIONS WILL BE RETURNED

SITE INFORMATION

BUILDING/SITE NAME: _____

BUILDING/SITE ADDRESS: _____

MAILING ADDRESS: _____

(MAILING ADDRESS MUST BE INCLUDED IF DIFFERENT FROM BUSINESS ADDRESS)

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

(MAILING ADDRESS MUST BE INCLUDED IF DIFFERENT FROM BUSINESS ADDRESS)

BUSINESS PHONE #: _____

FAX#: _____

E-MAIL: _____

CONTACT NAME: _____

PHONE#: _____

SIGNATURE: _____

Submittal of application and payment of fees **does not** imply permission or permit by the Town of Gates for commencement of work.

APPROVED COPY OF THE PERMIT MUST BE KEPT ON SITE

PURPOSE: Permit to Operate ☐ Change in Business Information ☐ Alteration of Site / Equipment ☐

TYPE:

(check the one most applicable)

_____ Automotive Wrecking Yard / Junkyards \$ 150.00

_____ Motor Vehicle Repairs \$ 100.00

_____ Auto Body Repair / Vehicle Painting \$ 175.00

PERMIT FEE:

Make checks payable to the
TOWN OF GATES

NARRATIVE OF WORK TO BE DONE: _____

Activity Location (where on the site): _____

Building Construction Materials & Features of Storage Area: _____

List Quantities & Types of Hazardous Materials or Flammable / Combustibles: _____
