

SPECIAL EVENTS / INSPECTIONS APPLICATION

In accordance with the Code of the Town of Gates 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

SPECIAL EVENT / EVALUATION INFORMATION

NAME OF EVENT:	
EVENT LOCATION:	
EVENT SPONSOR:	NOT FOR PROFIT ORGANIZATION: YES / NO
START DATE & TIME:	ENDING DATE & TIME:

APPLICANT INFORMATION

NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
PHONE#:	FAX#:	E-MAIL:	
SIGNATURE:			

MAILING ADDRESS (If different from applicant information)

NAME:			
ADDRESS:	CITY:	STATE:	ZIP:

This application is for short term events not to exceed 30 days. Submittal of application and payment of fees does not imply permission or permit by the Town of Gates.

EVENT NARRATIVE:

<u>SPECIAL EVENTS:</u>	<u>FEE</u>	<u>Y/N</u>
Fire / Life Safety Inspections (Not – For – Profit Events, Shows & Others)	\$150.00	_____
Exhibits / Trade Shows / Carnivals / Fairs	\$200.00	_____
Conduct a Fireworks Display	\$150.00	_____
Air-Supported Temporary Membrane Structure Over 200 Square Feet	\$150.00	_____
Liquid or Gas Fueled Vehicles or Equipment in Assembly Buildings	\$150.00	_____
Special Amusement Buildings (Includes Haunted Houses)	\$125.00	_____

Additional Personnel Standby Fees / Inspection of Fireworks Display Fees

Standby / Fireworks Display Fees will be charged at an hourly rate of **\$100**. The complexity of the Special Event will determine the number of hours required. Additional fees will **not** be charged if the event is held during normal Town Hall business hours.

Fireworks Only:
Display Company

Company Name: _____

Address: _____

Phone: _____ Contact Person: _____

NYS Dept. of Labor Explosives License: _____ Expires _____

Operator- Name of the certified pyro technician who will be in charge of the display:

Name: _____ Certificate # _____

Authorized Assistant(s):

Name: _____ Certificate # _____

Name: _____ Certificate # _____

Name: _____ Certificate # _____

Display Date/Time _____ Expected Duration: _____

Display:

Location: _____

Content: _____

How will fireworks be stored prior to the display: _____