

VILLAGE OF BROCKPORT Commercial/Industrial Fire Safety / INSPECTION APPLICATION

Business Name: _____ Property Address: _____

Inspection set for date: _____ Inspection Expires/Expired on: _____

Occupancy: [] Educational [] Religious [] Rest/Bars [] Extended Care/Health Care [] Meeting Facility [] Theatre
[] Multi-family (list number of units) _____ [] Manufacturing storage/activities [] Fairs/festivals
[] Repair/service garages [] Mercantile [] Office uses [] other _____

Occupancy Class _____ Building Construction type _____ Number of Stories _____
Tax Map Parcel #(s): _____ Assessment Code _____ Zoning District _____

APPLICATION TYPE

[] New [] Alteration [] Change Use [] Transfer [] Reoccupation [] Partial [] Renewal [] Other _____
[] Conditional, Expiration Date _____

OCCUPANCY AMOUNTS: (OFFICE USE ONLY)

Fixed Seating _____	Concentrated Use/Dance Floor Space _____	Loose seating _____
Table/stool seating _____	Classroom Seating _____	Other _____
Waiting Space _____	Cafeteria Seating _____	

Check which apply:

ALARM SYSTEM: _____ SECURITY _____ FIRE _____ FIRE/SECURITY Auto Dialer _____ or local alarm **X**
Is alarm system working YES _____ NO _____ Last date of service: _____ [] Smoke Alarm Record Keeping Provided

FIRE SUPPRESSION SYSTEM/SYSTEMS: YES _____ NO _____

System type _____ Last service date: _____ System type _____ Last service date: _____
System type _____ Last service date: _____ System type _____ Last service date: _____

HEATING: Forced Air _____ Boiler _____ Electrical _____ Other _____ Date of last Service _____

BULK CHEMICAL Storage or process: YES _____ NO _____ MSDS on File: YES _____ NO _____

APPLICANT / OWNER INFORMATION

Certification of Statements

The applicant(s) hereby affirms that the above information is accurate and complete, to the best of his/her knowledge and he/she/they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application.

Date: _____
Applicant Signature

Applicant Name Printed/Typed

Mailing Address

Phone# _____ Fax # _____ Pager # _____

E-MAIL

Cell #

Owner Name Printed/Typed

Owner's Signature

Mailing Address

Phone # _____ Fax # _____ Pager # _____

Cell #

E-MAIL

Business Phone #

Work Phone #

Emergency Contact / Emergency Phone # / Emergency cell

Name Tel Cell

The property has been inspected and found to be in substantial compliance with applicable codes.

Fire Marshal

Date