



**TOWN OF GREENBURGH  
BUILDING DEPARTMENT**

177 HILLSIDE AVENUE, GREENBURGH, NEW YORK 10607

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**Fee: \$200**

**APPLICATION # \_\_\_\_\_ - \_\_\_\_\_**

**OPERATING PERMIT FOR PYROTECHNIC DISPLAY APPLICATION**

An inspection must be completed prior to the issuance of this type Operating Permit. The inspection must confirm (1) that all fire protection and life safety features are inspected and have current maintenance within the timeframes set by Section 901 of the *Fire Code of New York State*, (2) the existence and adequacy of fire safety plans and emergency preparedness, and (3) that the means of egress are properly maintained, that interior finishes are appropriate, and that occupancy calculations are correct. A separate operating permit is required for each display.

**For Office Use Only**

Inspector Assigned: \_\_\_\_\_

Approved By: \_\_\_\_\_

**SUBJECT PROPERTY INFORMATION**

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Floor # \_\_\_\_\_ Suite # \_\_\_\_\_ Room # \_\_\_\_\_

Parcel ID: \_\_\_\_\_ Occupancy Class \_\_\_\_\_

**OWNER/LESSEE INFORMATION**

Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_

Lessee \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_

**APPLICANT INFORMATION**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_

I hereby certify that I am duly authorized to make an application for an operating permit

Signature \_\_\_\_\_ Date \_\_\_\_\_

