

TOWN OF POTSDAM

Application for Operating Permit

Fee: \_\_\_\_\_ Permit # \_\_\_\_\_

Property Owner: \_\_\_\_\_ Minor: \$30 Major: \$60

Owner Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant/Lessee: \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Mailing Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Location of Property \_\_\_\_\_ Parcel ID \_\_\_\_\_  
(911 Address)

The property was approved by owner for this activity on (date): \_\_\_\_\_

A PERMIT is requested to perform the following activity: \_\_\_\_\_

The applicant requests an Operating Permit for the above described property under the provisions of the Potsdam Town Code and their subsequent amendments and hereby provides the necessary documentation. All activities shall comply with applicable New York State Codes.

**1. Type of Activity (check those that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Aerosol Products             | <input type="checkbox"/> Amusement Buildings              | <input type="checkbox"/> Aviation Facilities |
| <input type="checkbox"/> Carnivals & Fairs            | <input type="checkbox"/> Places of Assembly               | <input type="checkbox"/> Rooftop Heliports   |
| <input type="checkbox"/> Battery Systems              | <input type="checkbox"/> Repair Garages/Service Stations  | <input type="checkbox"/> Organic Coatings    |
| <input type="checkbox"/> Pyroxylin Plastics           | <input type="checkbox"/> Scrap Tire Storage & Byproducts  | <input type="checkbox"/> Refrigeration Equip |
| <input type="checkbox"/> Waste Handling               | <input type="checkbox"/> Temp. Manufacturing Facility     | <input type="checkbox"/> Compressed Gas/     |
| <input type="checkbox"/> Temp. Membrane               | <input type="checkbox"/> Floor surfacing/spray Operations | <input type="checkbox"/> Oxygen, Acetylene   |
| <input type="checkbox"/> Structures, Tents & Canopies | <input type="checkbox"/> (Flammable liquid)               | <input type="checkbox"/> Other               |

**2. Hours of Operations**

Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**I declare that that statements contained herein are true and that I have not knowingly or willfully given a false statement, or given false information, or omitted information in connection with this application. In the event that changes in the above application do occur, I will notify the Town of Potsdam Code Officer within ten (10) days of said changes.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Code Enforcement Officer \_\_\_\_\_

Date Approved \_\_\_\_\_