



Town of Southampton
18 Jackson Avenue
Hampton Bays, NY 11946
DIVISION OF FIRE PREVENTION
Telephone 631-702-2919
Fax 631-728-3688

CHERYL KRAFT
Chief Fire Marshal
631-702-2920

ANNUAL OPERATIONAL PERMIT RENEWAL FORM

I, _____ as owner of _____
(Please Print business name)
located at _____,
(Please print business address)

certify that the information provided on my original permit application for this establishment has not changed. I am requesting that the permit issued by the Southampton Town Division of Public Safety for this establishment be renewed in compliance with Southampton Town Code regulations.

***** All annual operating permits shall be subject to a late fee of 10% but not less than \$35.00 for any permit that is not renewed within thirty days of its date of expiration. *****

(Please Fill In All Information)

Business Phone: _____ **Fax Number:** _____

Business E-mail Address: _____

Emergency Contact Person: _____

Emergency Contact Persons Phone Number: _____

E-mail Address: _____

Date of Application: _____ **Fee Paid:** _____

**** OFFICE USE ONLY ****

Tax Map # _____

Check/Cash _____ *Late Fee* _____

Receipt# _____ *Chief Fire Marshal* _____ *Date* _____

Permit# _____ () *Approved* () *Denied/Reason* _____

Hazardous Storage/Use:

- | | |
|------------------------------------------------------------------------------------------------|--------------|
| <input type="checkbox"/> Storage of Combustible and Flammable Liquids (55 gal to 1,000 gal) | \$125 |
| <input type="checkbox"/> Storage of Combustible and Flammable Liquids (in excess of 1,000 gal) | \$500 |
| <input type="checkbox"/> Storage of Flammable finishing | \$150 |
| <input type="checkbox"/> Combustible dust/vapor producing operations | \$140 |
| <input type="checkbox"/> Welding and Cutting Operations | \$ 50 |
| <input type="checkbox"/> Pyroxylin Plastics | \$150 |
| <input type="checkbox"/> Storage of Explosives | \$500 |
| <input type="checkbox"/> Dry Cleaning | \$100 |
| <input type="checkbox"/> Lumber and Woodworking facilities | \$150 |
| <input type="checkbox"/> Motor Fuel Repair Operations | \$100 |
| <input type="checkbox"/> Corrosives | \$200 |
| <input type="checkbox"/> Oxidizer: Class 1 | \$100 |
| <input type="checkbox"/> Oxidizer: Class 2 | \$250 |
| <input type="checkbox"/> Oxidizer: Class 3 | \$350 |
| <input type="checkbox"/> Oxidizer: Class 4 | \$450 |

Storage of Compressed and liquefied gases:

- | | |
|---------------------------------------------------------------------------------|--------------|
| <input type="checkbox"/> 2,000 to 10,000 gallons [container water capacity] | \$200 |
| <input type="checkbox"/> In excess of 10,000 gallons [container water capacity] | \$500 |

Storage for Retail Sale of Propane 2,000 gallons or less:

- | | |
|-----------------------------------|--------------|
| <input type="checkbox"/> Exchange | \$200 |
| <input type="checkbox"/> Refill | \$200 |

HAZARDOUS MATERIALS REPORT FORM

[GENERAL MUNICIPAL LAW, § 209-U]

**** MUST BE ATTACHED TO THIS APPLICATION.
FAILURE TO DO SO WILL RESULT IN REJECTION OF THE APPLICATION.**

- Check here if there are no changes to the quantities and types of Hazardous Materials stored.

CHECK BOX AFTER READING

SIGNATURE OF APPLICANT (ALL PERMITS)

The accuracy of the information, plans, diagrams and other facts submitted in conjunction with the application are the responsibility of the applicant.

Any false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law

Signature of Applicant _____ Date: _____