



City of Port Jervis

Bureau of Fire Prevention

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Dry Cleaning Operation Permit Application

In accordance with the Code of the City of Port Jervis and the New York State Fire Prevention and Building Code, an annual fire code annual operational permit is required to maintain or operate a dry-cleaning business.

Make Checks Payable – City of Port Jervis

Dry Cleaning Operational Permit - \$100.00

Applicant & Property Information	Business Name						
	Address			Suite	City	State	Zip Code
	Telephone		Work Telephone		Email Address		
	Property Owner or Mailing Address if different from above						
	Name or DBA						
	Address			Suite	City	State	Zip Code
	Telephone		Work Telephone				
Primary or Secondary Contact	Name						
	Contact Name						
	Address			City	State	Zip Code	
	Telephone		Mobile Telephone		Work Telephone		

The undersigned represents that this application for a permit as described herein will be in accordance with all ordinances of the City of Port Jervis and the Fire and Building Code of New York State and that any plans or specifications submitted with this application are the plans or specifications relating to this permit and no other.

1. Class I solvents are liquids having a flash point below 100F (38C)
2. Class II solvents are liquids having a flash point at or above 100F (38C) and below 140F (60C)
3. Class IIIA solvents are liquids having a flash point at or above 140F (60C) and below 200F (93C)

- Type I—systems using Class I solvents.
- Type II—systems using class II solvents.
- Type IIIA—systems using class IIIA solvents.
- Type IIIB—systems using class IIIB solvents.
- Type IV—system’s using class IV solvents in which dry cleaning is not conducted by the public
- Type V—systems using class IV solvents in which dry cleaning is conducted by the public.

Fire extinguishers shall be provided near the doors inside the dry-cleaning rooms containing Type II, Type IIIA, and Type IIIB dry cleaning systems.

Applicant Signature				Applicant Name (Print)		Application Date
Permit Number	Issue Date	Expiration Date	Fee Paid	Check #	Receipt Number	Evacuation Plan Received