



of Port Jervis
Bureau of Fire Prevention
 Robert Brady, Fire Inspector
 80 Hammond St
 Port Jervis, NY 12771
 Office: (845)858-4020
 Fax: (845)858-4098
 Cell: (845)742-1228
 E-Mail: pjdfireinspector@gmail.com

Fuel Dispensing 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 operational permit is required to maintain or operate a fuel dispensing operation.

Make Checks Payable – City of Port Jervis

Day Care Facility 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.

- Please verify that the dispensing devices are in clear view of the attendant at all times. Obstructions shall not be placed between the dispensing area and the attendant.
- The attendant shall be able to communicate with persons dispensing area at all times.
- An approved method of communicating with the fire department shall be provided for the attendant.
- All accidental spillage or leakage of a flammable liquid of five US gallons or greater shall immediately be reported to the Fire Department.
- A sufficient quantity of Stay Dry Absorbent, or equivalent, must be kept on premises at all times for flammable liquid spills and should be used for the purpose whenever possible instead of flushing with water.

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

