



**TOWN OF GREENBURGH  
BUILDING DEPARTMENT**

177 HILLSIDE AVENUE, GREENBURGH, NEW YORK 10607  
(914) 993 - 1562 Fax (914) 993 - 1570

[www.GreenburghNY.com](http://www.GreenburghNY.com)

email: [building@greenburghny.com](mailto:building@greenburghny.com)

**Fee: \$100**

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

**APPLICATION FOR OPERATING PERMIT FOR  
MOTOR FUEL DISPENSING/REPAIR GARAGE**

An annual operating permit is required for the operation of a motor fuel dispensing facility and/or repair garage. Prior to issuance of an operating permit an inspection must be conducted and applicant must be in conformance with both Town Law and International Fire Code Chapter 23.

**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 \_\_\_\_\_

**MOTOR FUEL DISPENSING/REPAIR GARAGE**

Agent/Manager of Station: \_\_\_\_\_

Phone Number \_\_\_\_\_

Oil Company: \_\_\_\_\_

Number and Type of Petroleum Fuel Storage Tanks: \_\_\_\_\_

Number of Repair Bays: \_\_\_\_\_

Attach Map of Service Station Lot, to scale, showing location of:

- a) Principal and accessory service station buildings
- b) Fuel pumps
- c) Tire racks
- d) Paved areas
- e) Yard signs
- f) Fuel storage tanks

Detailed description of the types of business the service station will transact:

\_\_\_\_\_

Auxiliary fire-fighting apparatus available: \_\_\_\_\_

\_\_\_\_\_