



TOWN OF VESTAL ANNUAL OPERATING PERMIT APPLICATION

ENGINEERING AND PLANNING BUILDING/FIRE/CODE ENFORCEMENT

133 Front Street
Vestal, New York 13850-1511
Web Site: www.vestalny.com
(607) 786-0980 Phone
(607) 786-0984 Fax

GENERAL INSTRUCTIONS

ALL INSURANCE INFORMATION MUST BE SUBMITTED AT TIME OF APPLICATION

Disability Insurance (Form DB120.1) Worker's Compensation Insurance (Form U26.3 or C105.2) or, if applicable, Exempt Certificate (Form CE 200)

All Contractors / Sub-Contractors are required to have a valid Town of Vestal Operating Permit Prior to the commencement of any work

BUSINESS INFORMATION

Business Name _____

Primary Name of Business Owner _____

Business Mailing Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Mobile Phone # _____ Alternate # _____

PRIMARY SITE CONTACTS

Name _____ Mobile Phone # _____

Email Address _____

Name _____ Mobile Phone # _____

Email Address _____

BUSINESS TRADE SPECIALTY (only check one)

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Commercial Contractor | <input type="checkbox"/> Pool | <input type="checkbox"/> Excavation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Residential Contractor | <input type="checkbox"/> Electrical | <input type="checkbox"/> Roofing | |
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Plumbing/HVAC | <input type="checkbox"/> Sign | |
| <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Concrete/Masonry | <input type="checkbox"/> Cooking Hood Suppression | |

APPLICATION CERTIFICATION AND ACKNOWLEDGEMENT

By my signature, I acknowledge and understand the following: This operating permit is issued for a period of one (1) year and may be revoked at any time for cause as determined by the Town of Vestal Code Enforcement Officer. It is my responsibility to apply for a new operating permit upon expiration or revocation. I also acknowledge that I have received specific information from the Town of Vestal regarding the requirements for building permits, construction inspections and miscellaneous code requirements and my employees, (if applicable) and I will at all times endeavor to provide conscientious, quality service to the residents and business owners in the Town of Vestal.

Signature _____

Date: _____

Office Use Only

- | | | |
|--|---|--|
| <input type="checkbox"/> Disability Insurance (Form DB120.1) | <input type="checkbox"/> Worker's Compensation Insurance (Form U26.3 or C105.2) | |
| <input type="checkbox"/> Exempt Certificate (Form CE 200) | <input type="checkbox"/> Code / T.O.V. Paperwork Given | <input type="checkbox"/> Payment \$ _____ . 00 |

EXPIRATION DATE: Midnight _____ 20 _____ Initial _____