

OSWEGO CODE ENFORCEMENT DEPARTMENT WILLIAM J. BARLOW, JR. MAYOR

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WWW.OSWEGONY.ORG

APPLICATION FOR PROPANE PERMIT

			Permit Number:
DATE:			Receipt No.:
			Check #:
NAME OF AFFLICANT.			-
ADDRESS OF APPLICANT:			PHONE:
NAME OF BUSINESS:			PHONE:
EVENT NAME:			DATES OF EVENT:
EVENT LOCATION:			
TO OPERATE WITH PROI	PANE, YOU NEED TO:		
			BE PUSHED OVER OR MOVED OUT MOST HOME TYPE GRILLS.
		INITIAL	_ (Code Department Personnel Only)
	CATION. FIRE EXTINGUISHE		WITH PROOF IT IS WITHIN ONE WITHIN EASY REACH AND BE
		INITIAL	_ (Code Department Personnel Only)
PIPING MUST BE P	SES, PIPING, TANKS AND VA ROPERLY SUPPORTED AND JST BE CHECKED FOR LEAK	HOSES MUST NOT BE	
		INITIAL	_(Code Department Personnel Only)
PERMIT IS ISSUED UNI CODE.	DER THE PROVISIONS OF TH	IE NEW YORK STATE F	FIRE PREVENTION AND BUILDING
	CODE DEPARTMENT SHALI PERMITS ARE CONDITION		OF PORTABLE PROPANE WITHIN
	TANKS SECURED, FIRE EXT		EL TO INCLUDE BUT NOT LIMITED HOSES / PIPES PROPER LOCATION
APPLICANT SIGNATUR	RE:(SIGNATURE)	//	T NAME)
CONDITIONAL PERMIT UN	ITIL ON SITE INSPECTION BY	Y CODE PERSONNEL: _	
INSPECTION DATE:	INSPECTOR:		APPROVED (Y/N)

A COPY OF THIS PERMIT MUST BE ON SITE AT ALL TIMES