


VILLAGE OF SPRINGVILLE


5 W Main Street, PO Box 17, Springville, New York 14141, 716-592-4936

Operating Permit Application

PLEASE PRINT CLEARLY

Property Address: _____
Springville, NY 14141

Property Owner Name: _____
Address: _____
Phone # _____ Day Phone # _____
Signature: _____ Date: _____

Applicant Name: _____
Address: _____
Phone # _____ Day Phone # _____
Signature: _____ Date: _____

Contractor Name: _____
Address: _____
Phone # _____ Day Phone # _____

Insurance Certificate provided: _____

Use requiring a Permit: _____

Dates & Time: _____

Provide documentation showing or describing intended use. For pyrotechnic displays a letter from contractor stating compliance with NFPA 1123 or NFPA 1126 is required. Notification to both Springville Fire Department and Police Chief with the Village of Springville copied.