

Carbon Dioxide Requirements and Declaration Form (each building is a system)

In accordance with the Code of the Town of Darien and the New York State Fire Prevention and Building Code, a fire code operational permit is required to maintain, replace and or install a Carbon Dioxide System(s) for Beverage Dispensing which includes one or more containers of 100 pound or more.

| | | | | | | | |
|--|-------------------|-------------|---|-------------|----------------|----------|----------|
| Property Information | Business Name | | | | | | |
| | Address | | | Suite | City | State | Zip Code |
| | Telephone | | Work Telephone | | Email Address | | |
| Primary Contact | Name | | | | | | |
| | Address | | | City | State | Zip Code | |
| | Telephone | | Mobile Telephone | | Work Telephone | | |
| | Email Address foe | | | | | | |
| Do You Have Carbon Dioxide for Beverage Dispensing or Other Use? | | | | | | NO | YES |
| Is Your Carbon Dioxide Storage Outdoor – Outside the Building? <i>Please refer to Carbon Dioxide Outside Storage Requirements</i> | | | | | | NO | YES |
| Is Your Carbon Dioxide Storage Indoor – Within the Building? | | | | | | NO | YES |
| IF YES TO INDOOR / INSIDE STORAGE | | | | | | | |
| Enclosed Room | | Above Grade | | Below Grade | | | |
| List the number of containers | | | What is the size of each container (pounds) | | | | |
| What is the Total Quantity of Storage / Use (pounds) | | | | | | | |
| If your indoor carbon dioxide system includes one or more containers of 100 pounds or more, ONE of the following options is required. | | | | | | | |
| Demonstrate that an existing ventilation system meets ventilation requirements in accordance with the 2015 New York State Mechanical Code. | | | | | | | |
| Provide a new or re-design of an existing ventilation system for review that complies with 2015 New York State Mechanical Code. | | | | | | | |
| Install a listed CO ₂ Emergency Alarm System in accordance with the 2015 Fire Code of New York State | | | | | | | |

By signing below, I hereby apply for a Fire Code Operational Permit and certify that I have read and understand the information package requirements pertinent to this permit, agree to abide by them and shall be in accordance with all ordinances of the Town of Darien and the Fire and Building Code of New York State. I understand that the Town of Darien – Office of the Fire Marshal personnel will conduct a fire safety site inspection to verify compliance with the 2015 Fire Code of New York State for Carbon Dioxide Use for Beverage Dispensing Operations.

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

10569 Alleghany Rd. Darien Center, NY 14040
(585) 547-2274 Ext.1027 Office / (585) 547-3331 Fax