

Village of Solvay – Code Enforcement

1100 Woods Rd. – Solvay, NY 13209
(315) 468-1679 | Fax: 487-1723

Date Received: _____

By: _____

APPLICATION FOR SAFETY INSPECTION

<input type="checkbox"/> NEW OCCUPANCY/USE		<input type="checkbox"/> RENEWAL	
Owner Name		Phone ()	
Address		Email	
Business Name/DBA		Phone ()	
Address		Email	
Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____			
Type of Business/Property:			
Description of services offered or goods sold:			
Describe how refuse will be/is stored on premises and whom is responsible for removal:			
Please mark below if item exists or not in the business space. If YES, enter date of last inspection:			
Sprinkler System:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Inspection Date:
Emergency and Exit Lighting:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Inspection Date:
Fire Alarm:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Inspection Date:
Fire Extinguisher(s):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Inspection Date:
Other Fire Suppression:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Inspection Date:
Elevator(s):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Inspection Date:
Application is hereby made to the Department of Code Enforcement of the Village of Solvay for the NYS mandated inspection of the premises described herein. I hereby affirm, under penalty of law, that all information provided in this application is accurate and true.			
Owner Signature:		Date:	