

## Carbon Dioxide Requirements and Declaration Form

In accordance with the Code of the Town of Brighton 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 Systems for Beverage Dispensing which includes one or more containers of 100 pound or more.

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ation	Business Name											
Property Information	Address					Suite	City			State	Zip Code	
Proper	Telephone			Work Telephone			Email Address					
Primary Contact	Name											
	Address					City			State	Zip Code		
	Telephone			Mobile Telephone			Work Telephone			one		
	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?  Please refer to Carbon Dioxide Outside Storage Requirements  NO YES										YES		
Is Your Carbon Dioxide Storage Indoor – Within the Building?  NO YES									YES			
IF `	YES TO INDOOR /	INSIDI	E STORA	GE								
Enclosed Room Above Grade				Below Gra	de							
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 <sub>2</sub> Emergency Alarm System in accordance with the 2015 Fire Code of New York State											
requi	gning below, I hereby irements pertinent to t ire and Building Code	his perr	nit, agree	to abide by	them and	shall be in ac	cordan	ce with	all ordinand	ces of the T	own of Brig	hton and

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