



**Town Of Hamden**  
**Department of Fire & Emergency Services**  
**Office of the Fire Marshal**  
**2750 Dixwell Avenue**  
**Hamden CT 06518**

FM Brian Dolan  
 203-407-3182  
[bdolan@hamden.com](mailto:bdolan@hamden.com)

DFM Tim Lunn  
 203-407-3181  
[tlunn@hamden.com](mailto:tlunn@hamden.com)

**APPLICATION FOR OPERATING PERMIT**

**SECTION 1: BUSINESS INFORMATION**

Business Name:	Permittee Name:
Business Address:	Business Phone:
Primary Contact:	Title:
Contact 24hour Phone:	Email:
Property Owner:	Property Owner Phone:

**SECTION 2: APPLICANT INFORMATION**

Applicant Name:	Email:
Applicant Mailing Address:	Phone:

**SECTION 3: OPERATING PERMIT TYPE (Please check applicable)**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Assembly Use, Liquor License (New) \$80.00</li> <li><input type="checkbox"/> Assembly Use, Liquor License (Renewal) \$25.00</li> <li><input type="checkbox"/> Liquor License, 1 Day \$25.00</li> <li><input type="checkbox"/> Business Requiring Inspection \$25.00</li> <li><input type="checkbox"/> Nursing &amp; Convalescent Homes (New) \$160.00</li> <li><input type="checkbox"/> Nursing &amp; Convalescent Home (Renewal) \$80.00</li> <li><input type="checkbox"/> Residential Board &amp; Care (New) \$110.00</li> <li><input type="checkbox"/> Residential Board &amp; Care (Renewal) \$25.00</li> <li><input type="checkbox"/> Day Care Facility (New) \$80.00</li> <li><input type="checkbox"/> Day Care Facility (Renewal) \$25.00</li> <li><input type="checkbox"/> Exhibits \$25.00</li> <li><input type="checkbox"/> Blasting Permit \$60.00</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Underground Storage Tank Removal/Installation<sup>1</sup> (commercial) \$80.00</li> <li><input type="checkbox"/> Underground Storage Tank Removal/Installation<sup>1</sup> (residential) \$25.00</li> <li><input type="checkbox"/> Retail Fireworks/Sparklers Vendor<sup>2</sup> \$100.00</li> <li><input type="checkbox"/> Public or Private Fireworks Display<sup>3</sup> \$100.00</li> <li><input type="checkbox"/> Special Installations (Hood/Duct, Computer Rooms, Kitchen Fire Suppression Systems, other) \$55.00</li> </ul> <p><i>1: Underground Storage Tank Form needed for inspection</i><br/> <i>2: Include inventory list with permit application</i><br/> <i>3: Does not include firefighters/apparatus fees that may be req'd</i></p> |
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I, the applicant, do hereby accept responsibility to ensure strict compliance with the Connecticut Fire and Life Safety Code, the Connecticut Fire Prevention Code, and all applicable standards and local Ordinances as they may apply to the operation for which I am seeking an Operating Permit. I also understand that the Operating Permit fee(s) do not include any required additional staff or material fees, such as a standby crew/apparatus. I further understand that failure to comply with the same may result in enforcement actions, including but not limited to revocation of a Town of Hamden Operating Permit and penalties as described in the Connecticut General Statutes, Chapter 541, Section 29-306.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT MARK THIS SECTION. TO BE COMPLETED BY THE FIRE MARSHAL'S OFFICE**

Permit Fee Total: _____	Date of Inspection: _____
Payment Received: _____	Inspector Assigned: _____
Receipt #: _____	Date of Permit Issuance: _____

Permit Application is:  **Approved**  **Denied**

Reason for Denial: \_\_\_\_\_

FM Signature: \_\_\_\_\_ Date: \_\_\_\_\_