



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

DFM Tim Lunn
203-407-3181
tlunn@hamden.com

OCCUPANCY 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: OCCUPANCY OPERATING PERMIT TYPE (Please check applicable)

- | | |
|--|--|
| <input type="checkbox"/> Ambulatory Health Care: \$50.00
<input type="checkbox"/> Apartments and Dormitories: up to 11 dwelling Units- \$40; 12 or more dwelling units- \$80.00
<input type="checkbox"/> Assembly Use with Liquor License: \$50.00
<input type="checkbox"/> Liquor License, temporary: \$30.00
<input type="checkbox"/> Assembly Use, includes special amusement: \$50.00
<input type="checkbox"/> Automotive Fuel Servicing: \$50.00
<input type="checkbox"/> Business: \$50.00
<input type="checkbox"/> Day Care Facility: \$50.00
<input type="checkbox"/> Dry Cleaning Plants: \$50.00 | <input type="checkbox"/> Educational: \$50.00
<input type="checkbox"/> Healthcare Facility: \$160.00
<input type="checkbox"/> Hotels, Bed & Breakfast: up to 11 dwelling units- \$40; 12 or more dwelling units- \$80.00
<input type="checkbox"/> Industrial: \$50.00
<input type="checkbox"/> Mercantile: \$50.00
<input type="checkbox"/> Repair Garages and Service Stations: \$50.00
<input type="checkbox"/> Residential Board & Care: \$50.00
<input type="checkbox"/> Storage: \$50.00
<input type="checkbox"/> Other Occupancy requiring FM Certificate: \$30.00
<input type="checkbox"/> |
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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 Occupancy 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 Occupancy 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: _____