

**TOWN OF ORANGETOWN**

**USE SUBJECT TO PERFORMANCE STANDARDS**  
**RESUME OF OPERATIONS AND EQUIPMENT**

The following information is the minimum required in order that the Zoning Board of Appeals may make a determination regarding your proposed use of the land.

**ATTACH ADDITIONAL SHEETS AS NEEDED!**

Applicants Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

1. Address of proposed use: \_\_\_\_\_

2. Size of building: \_\_\_\_\_ No. of stories: \_\_\_\_\_

Type of Construction: \_\_\_\_\_

3. Name or designation of building: \_\_\_\_\_

4. Number of employees \_\_\_\_\_ maximum number anticipated \_\_\_\_\_

5. Operations: days of week: \_\_\_\_\_ hours of operation: \_\_\_\_\_

6. Product to be manufactured or assembled and/or services to be performed.

Submit descriptive literature or brochure of product.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Describe operations, manual or mechanical, to be performed on premises. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Production equipment. Describe type and number of machines, mechanical equipment and handling equipment to be used including blowers, fans, furnaces, pressure exhausts, pressure equipment, intakes, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What degree of noise or vibration will be produced by equipment and/or operations listed in No. 7 and No. 8? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Describe control measure for No. 9. \_\_\_\_\_

11. What equipment and/or operations may emit heat, cold, dampness, glare, electrical disturbances or radioactivity? \_\_\_\_\_

\_\_\_\_\_

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12. Describe control measures for No. 11 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. What smoke, odor, dust, fly ash, fumes, gases, vapors and other potential air pollution producing equipment and operations are contemplated?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Indicate on floor plan chimneys, vents exhaust openings and equipment they serve as well as unvented operations that might release any air pollution to the outside atmosphere through open windows and floors. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Describe air pollution control for No. 13 and 14  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Is there any operation involving fire, explosive, radioactive or other hazards? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. If answer is YES, describe control measures.  
\_\_\_\_\_  
\_\_\_\_\_
18. Is there use or storage of any chemicals, acids or corrosive agents animal, vegetable or mineral oils or grease, petroleum products, or explosive materials? \_\_\_\_\_  
\_\_\_\_\_
19. If answer is YES, identify all such items indicating : (a) Quantity of each (b) Gallons or weight of each (c) type of container (d) storage area, indoors or outdoors, above or below ground. Attach list if necessary. (Use trade names not chemical symbols.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. If answer is YES to Item No. 16 and/or No. 17, furnish, with this application, approval of control method or system by Fire Prevention Bureau. \_\_\_\_\_
21. Would there be any industrial liquid waste, including water but not limited to products listed in No. 18 discharged (a) over to into the ground or water course, or (b) into a private disposal system or town sewer? (If answer is yes, approval is required by Orangetown Department of Public Works.) \_\_\_\_\_
22. How is solid waste disposal handled (garbage, trash, etc.)? By private contract, or, if otherwise, state how disposed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIRE PREVENTION SUPPLEMENT

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RESUME OF OPERATIONS & REPAIRS

1. A) Does any operation or process involve the use of any of the following: \_\_\_\_\_

- 1) Explosives and blasting agents
- 2) Poison gas
- 3) Poison and irritant
- 4) Flammable liquid
- 5) Flammable solid
- 6) Flammable gas to include propane
- 7) Oxidizer
- 8) Organic peroxide
- 9) Combustible liquid
- 10) Radioactive material
- 11) Corrosive material
- 12) Dangerous when wet material
- 13) Etiologic material
- 14) Combustible fibers

B) Does any operation consist of the following: \_\_\_\_\_

- 1) Produces dust subject to explosion or spontaneous combustion
- 2) Produces poisonous fumes or gases
- 3) Spray operations
- 4) Fuel dispensing
- 5) Propane forklifts
- 6) Any other operation which may present a fire, explosive, radiological or other hazard.

If either item above is answered "YES" describe control methods such as fire alarm systems, automatic fire suppression devices such as sprinklers, portable fire extinguishers, and any other safety devices. \_\_\_\_\_

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2. Is there to be storage or use of any material listed in Item #1A above: \_\_\_\_\_

If answered "YES" indicate which material: \_\_\_\_\_

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3. A) Attach **Material Safety Data** sheets for all materials listed in Item #2 above.

B) Supply list of all materials showing:

- 1) Quantity of each
- 2) Gallons or weight of each
- 3) Type of container

C) Show proposed storage area of materials

Provide name, address and phone number of contact person who can provide additional information of the above if needed:

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State of New York                )ss:  
County of Rockland            )

\_\_\_\_\_ , being duly

sworn, deposes and says that he is the \_\_\_\_\_,  
Title in Company

Applicant herein; that he has read the contents thereof, that all matters contained therein are true to the best of deponent's knowledge, information and belief, and deponent further agrees that the proposed use will comply in all respects with the provisions of Section 4.1, Performance Standards, Zoning Code of the Town of Orangetown.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

Information given above indicates CONFORMANCE sufficient to warrant issuance of a Building Permit subject to compliance with the orders, rules and regulations of the Building Department and all other departments having jurisdiction of the premises.

Any alleged violation of the Performance Standards may necessitate investigation by experts, at the expense of the applicant.

By: \_\_\_\_\_ Date: \_\_\_\_\_

The above requirements of the Zoning Board of Appeals is hereby ACCEPTED:

By: \_\_\_\_\_ Date: \_\_\_\_\_