



# TOWN OF WEBSTER

Office (585) 872-7036 • Fax (585) 872-4437 • [buildingdept@ci.webster.ny.us](mailto:buildingdept@ci.webster.ny.us)

## APPLICATION FOR CHANGE OF TENANT OR USE (In Existing Commercial Structure)

Address of Project: \_\_\_\_\_ Parcel ID #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Present Owner: \_\_\_\_\_

Present Zoning: \_\_\_\_\_

Present Use: \_\_\_\_\_

### Description of proposed use (to include equipment and/ or alterations)

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Description of proposed signage: \_\_\_\_\_

Date of proposed opening: \_\_\_\_\_ Survey Map or Site Map: \_\_\_\_\_

Site drawings of subject parcel should indicate the following information: 1. Building Configuration 2. Driveway Access  
3. Parking 4. Utilities 5. Adjacent Owners 6. Location of business, if more than one business on property

**Fee: \$100.00 MUST BE COLLECTED WITH THE APPLICATION**

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Applicant's Name (Printed)

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Signature of Applicant

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Phone Number

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Date

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Email Address

Conditions of Approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application Approved By:

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Director of Community Development

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Date

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Building Inspector

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Date

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Fire Marshal

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Date

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Signature of Owner

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Date



## Industrial/Commercial

### Survey

Please return to : Town of Webster Sewer Dept, 226 Phillips Road, Webster, NY 14580

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Person to contact regarding this survey \_\_\_\_\_ Phone \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

1. Type of Business  Industrial  Commercial  Manufacturing  Restaurant  Other \_\_\_\_\_

2. Provide a brief description of all operations at this facility, including primary products or services:

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3. Total number of employees  0-5  6-15  16-50  51-100  101-300  300+

4. Seating Capacity (Restaurants)  0-20  21-50  51-100  101-200  201-300  300+

5. Sewer is connected to: (check one)  Town Sanitary Sewer System  Private septic  Other

(If "Other, " explain) \_\_\_\_\_

6. Is a pretreatment device i.e. grease interceptor/grease trap, sand/oil interceptor, sand trap, or any other pretreatment device utilized prior to discharge to the sewer?  Yes  No (If "Yes" complete below)

Type: \_\_\_\_\_ Size/capacity: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Location: \_\_\_\_\_ Above or below grade: \_\_\_\_\_ Subject to vehicle traffic:  Yes  No

7. Will this facility utilize an industrial process wastewater treatment system or discharge from any one of the following sources to the wastewater system? i.e., silver recovery, acid neutralization, evaporation systems, cyanide destruction, metals precipitation, RO reject, cooling and boiler blow down, etc.  Yes  No (If "Yes", explain below) Describe all treatment and ancillary discharges:

8. Estimate how much water the business will use for all activities during a typical work day"

less than 1,000 gallons  1,000 to 5,000 gallons  5,000 to 25,000 gallons  25,000 + gallons

9. Will water be used for any process other than sanitary waste?  Yes  No

(If "Yes," explain) \_\_\_\_\_

10. Will the facility generate or store any hazardous material, petroleum products, solvents, or chemical?  Yes  No (If "Yes," list) \_\_\_\_\_

11. Will any waste be hauled off-site:  Yes  No

If "Yes," please indicate the types of waste:

Acid/Aalkalies  Solvents  Heavy Metals  Oils & Grease  Radioactive  Paint

Pesticides  Other (If "Other," explain) \_\_\_\_\_

12. Are there any floor drains in the work or storage area of your facility?  Yes  No

If "Yes," please list the locations \_\_\_\_\_

In Accordance with 40 CFR 403.8(f)(2) of the Code of Federal Regulations and the Town of Webster Sewer Use Ordinance Chapter 175 Article X, the Town of Webster is required to identify, locate, and evaluate all possible industrial and commercial users that might be subject to the Town of Webster's Pretreatment Program. This "mandatory" survey is conducted to help prevent the discharge of wastewater that may:

- Damage components of the wastewater collection system;
- Expose personnel to health or safety hazards;
- Cause pass-through of pollutants at the wastewater reclamation plants, or interference with plant processes or contaminate bio-solids produced from such wastewater reclamation plants.

**Below is a list of processes/activities that are either categorically defined by the US Environmental Protection Agency (EPA) or considered significant by the Town of Webster Walter W. Bradley Pollution Control Facility. Do any operations in your facility include any of the following processes or activities?**

Yes (check all that apply)    No

- Adhesives
- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Beverage Manufacturing
- Canned & Preserved Fruits & Vegetables
- Canned & Preserved Seafood
- Carbon Black Manufacturing
- Cement Manufacturing
- Coil Coating
- Copper Forming
- Dairy Products
- Electrical & Electronic Components
- Electroplating
- Explosive Manufacturing
- Feedlots
- Ferroalloy Manufacturing
- Fertilizer Manufacturing
- Glass Manufacturing
- Grain Mills
- Gum & Wood Chemicals
- Hazardous Waste Combustors
- Industrial Laundry
- Ink Formulating
- Inorganic Chemicals
- Leather Tanning & Finishing
- Meat Products

- Metal Finishing
- Metal Molding & Casting (Foundry)
- Nonferrous Metals Forming & Metal Powders
- Oil & Gas Extraction
- Organic Chemicals
- Paint Formulating
- Paving & Roofing Materials
- Pesticide Chemicals
- Pharmaceutical Disposal
- Phosphate Manufacturing
- Photographic or X-ray Processing
- Plastics Manufacturing
- Plastic Molding & Forming
- Porcelain Enameling
- Pulp, Paper & Paperboard
- Rubber Manufacturing
- Soap & Detergent Manufacturing
- Sugar Processing
- Transportation Equipment Cleaning
- Waste Treatment

Describe: \_\_\_\_\_

\_\_\_\_\_

For each item checked above, describe the type of wastewater discharged: *attach additional sheets if needed.*

Operation/Activity	Description of wastewater discharged from the operation/activity

Information below is to be filled out by person completing this survey:

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_