



## Auto Repair Product Supplemental Application

All questions must be answered and application must be signed by applicant.

1. Applicants name: \_\_\_\_\_
2. Building interest:       Owner       Tenant       If tenant, part occupied \_\_\_\_\_%
3. Business of applicant (Check all that apply):
 

<input type="checkbox"/> General Mechanical Repair	<input type="checkbox"/> Auto Body Repair / Painting / Rustproofing	<input type="checkbox"/> Quick Lube Shop
<input type="checkbox"/> Transmission Repair Shop	<input type="checkbox"/> Brakes / Mufflers / Wheel Alignment	<input type="checkbox"/> Radiator Shop
<input type="checkbox"/> Auto Cleaning / Detailing	<input type="checkbox"/> Truck Repair	<input type="checkbox"/> Other – Describe _____
4. Any back taxes owed?  Yes     No
5. Is all electrical system connected to functional and operational circuit breakers?  Yes     No
6. Does the electrical system have aluminum wiring?  Yes     No
7. Does the electrical system have knob & tube wiring?  Yes     No
8. Are there any uncorrected fire code violations?  Yes     No
9. Is there evidence of fire damage, water damage, broken windows, or breaks in pavements or floor?  Yes     No
10. Is the plumbing completely PVC or Copper (No Iron or Lead)?  Yes     No
11. Total Sq Ft of building \_\_\_\_\_ Area occupied by the Applicant – Sq. Ft. \_\_\_\_\_  
 Apartment area – Sq. Ft. \_\_\_\_\_ # of apartment units \_\_\_\_\_  
 Area leased to others – Sq. Ft. \_\_\_\_\_
12. Are there any vacancies in the building?  Yes     No  
 If “yes,” what percentage? \_\_\_\_\_%
13. Do any of the following exposures exist?
 

<input type="checkbox"/> Painting	Is there a UL approved paint spray booth	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Gas pumps	Are the pumps protected by a vehicle barrier or stops	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Acetylene torch cutting		
<input type="checkbox"/> Manufacturing		
<input type="checkbox"/> Propane tank filling		
<input type="checkbox"/> Tire Re-treading/Recapping		
<input type="checkbox"/> Welding		
14. Are all rags stored in a fire resistive container when the shop is closed?  Yes     No
15. Are all flammables stored in a fire resistive cabinet?  Yes     No
16. Is there a “No Smoking” policy in the shop?  Yes     No
17. Is any cooking done in the building?  Yes     No
18. Are there functional smoke detectors and/or heat detectors in all units and/or occupancies?  Yes     No
19. Does applicant perform installation, service or repair work on trucks, trailer or tankers that are involved in hauling/transporting of waste, chemicals or hazardous materials ?  Yes     No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Officer)