



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)