

TOWN OF AMENIA

BUILDING DEPARTMENT

4988 Route 22, AMENIA, NY 12501 TEL: 845-373-8860 x102 FAX: 845-373-9826

E-MAIL: Building@ameniany.gov WEB: www.ameniany.gov

TEMPORARY TENT & CANOPY PERMIT APPLICATION

Grid #	Temporary Te	ent/Canopy Po	ermit No	-
Project Location:		Owne	er:	
Address:				
Home #	_ Cell #	Email:		
Tent Rental Company	Name:			
Address:				
Phone #	Contact pers	on:		
Date of Tent/Canopy S	Set-up/Use: From _		_ to	
Size of Tent/Canopy:	Length Wi	idth	Height	
Capacityp	persons, #	of Exits		
Structural Frame Mat	erial			
The following will be present Lights Fire Extinguishers Emergency Lighting General Lighting Heating/Cooking Appl				

THIS TEMPORARY TENT & CANOPY APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:

- 1. Clear and legible copies of all applicable Certificates of Flame Resistance
- 2. A Certificate of the Tent Companies or Property Owners Liability Insurance, name the Town of Amenia as "additionally insured"
- 3. A site plan of the property indicating the location of the tent, all means of egress, any other structures on the property, method of anchoring to the ground, and other information as requested by the Town of Amenia Code Enforcement Officer.

I attest, understand and agree that any permit issued pursuant herein is on the express condition that all information provided above and attached is true and provisions of the Ney York State Fire Prevention and Building Code as well as all applicable Town Codes of the Town of Amenia and any and all amendments thereto shall apply and are complied with. No changes to this application or deviation of the subsequent approve Temporary Tent and Canopy Permit shall be made without prior approval of the Town of Amenia Code Enforcement Officer.

Property Owners Signature		 Date		
Plans/documentation review	ed: YES / NO			
Application Fee:	Paid: YES / NO	Date:		
Approved/Issued by:		Date [.]		