



**TOWN OF ONEONTA
CODE ENFORCEMENT OFFICE**
3966 State Highway 23, PO Box A
West Oneonta, New York 13861
(607) 432-8606 Tel (607) 432-3135 Fax
www.townofoneonta.org

TEMPORARY TENT & CANOPY PERMIT APPLICATION

Tax Parcel No. _____ Temporary Tent / Canopy Permit No: _____

Project Location: _____

Owner: _____	Tent Rental Co: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
E-Mail: _____	E-Mail: _____
	Contact Person: _____

Date of Tent / Canopy Set-up / Use: From _____ Until _____ Cost: \$ _____

Size of Tent / Canopy: Length _____ Width _____ Height _____

Capacity _____ persons No. of Exits _____ Structural Frame Material _____

The following will be provided: Exit Lights General Lighting Emergency Lighting
 Fire Extinguishers
 Heating / Cooking Appliances Fuel Type _____

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, naming the Town of Oneonta 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 Oneonta 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 New York State Fire Prevention and Building Code as well as all applicable Town Codes of the Town of Oneonta and any and all amendments thereto shall apply and are complied with. No changes to this application or deviation of the subsequent approved Temporary Tent and Canopy Permit shall be made without prior approval of the Town of Oneonta Code Enforcement Officer.

Property Owners Signature _____ Date _____

Plans / documentation reviewed: Application Fee _____ Paid Date _____

Approved / Issued: _____ Date: _____