TOWN OF CLAVERACK
Building Department
91 Church Street, PO Box V
Mellenville, NY 12544
PHONE 518- 672-4471 / FAX 518-672-4821

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: _____
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 if applicable: Exit Lights General Lighting Emergency Lighting
Fire Extinguishers
Heating / Cooking Appliances Fuel Type _____

This Temporary Tent & Canopy Application <u>MUST</u> 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 Claverack 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 Claverack 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 Claverack 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 Claverack Code Enforcement Officer.

_____ _____
Property Owners Signature Date
Plans / documentation reviewed: Yes/No Application Fee _____ Paid Yes/No Date_____

Approved / Issued: _____ Date _____