



## **PERMITTING INSTRUCTIONS**

1. Application for a **Group Use** for the specific park has to be submitted through the Permit Office and **Park Use Permit** must be in place. This is the prerequisite for Tent Permit application to be submitted **minimum 14 business days prior to event**.
2. Tent Permit Application must be complete at the time of submission; if any of the items listed below are missing, the Tent Application cannot be approved.
3. Submit the completed Tent Permit application to **all four emails** listed below:  
[Ronald.Craig@parks.ny.gov](mailto:Ronald.Craig@parks.ny.gov),  
[Adam.Katz@parks.ny.gov](mailto:Adam.Katz@parks.ny.gov),  
[LIEngineering@parks.ny.gov](mailto:LIEngineering@parks.ny.gov),  
[LongIslandPermits@parks.ny.gov](mailto:LongIslandPermits@parks.ny.gov)



## Guidelines for the Installation of Tent, Canopy and or any Temporary Structure

Some of the procedures listed below are from **2020 International Fire Code, Chapter 31**  
**“Tent and other Membrane Structures”, and N.F.P.A. 102**  
**Tent Permit** use period: Not to exceed 180 days in a (12) month period

### New York State Parks and Recreation requirements:

- All applications are to be received at least 14 days prior to the event.
- A certificate of insurance for the tent or membrane structure installer is to be submitted along with the application for the tent permit.
- An installation site plan is to be submitted to the Park Manager prior to installation and is to consist of, but not be limited to structure’s location on site, stake and support layout, exiting and fire extinguisher locations.
- The tent, canopy or temporary membrane structure is to be installed not later than by noon, on Friday of a weekend event; otherwise, a staffing fee will apply for weekend and evening inspections.
- Before installations make sure there are no underground utilities in the area.
- Anchorage requirements: tents shall be adequately roped, braced and anchored to withstand the elements of weather and to prevent against collapsing, and /or flying out.
- Exit signs shall be installed at required exit doorways.
- Always make sure that the tent or structure location will not impede any emergency response apparatus to and from structure.
- All electrical enclosures and equipment must be rated and clearly marked for outdoor use.
- A certificate of flammability rating for the material is to be submitted prior to installation to ensure the structure is in compliance with N.F.P.A. 701.
- If the tent or structure is more than 400 square feet, or the canopy is in excess of 400 square feet and is to be used for seating, a floor plan of the seating arrangements is to be filed prior to approval of installation.
- No cooking is to take place within 20 feet of a tent or membrane structure that is to be used for public assembly.
- Open or exposed flame shall not be permitted inside or located within 20 feet of tent or membrane structures.
- Occupancy signs, when required, are to be posted in conspicuous locations inside of the tent or membrane structure.
- No smoking shall be permitted. Suitable signs are to be placed in conspicuous locations.

**Representative responsible to oversee installation** \_\_\_\_\_ **Date** \_\_\_\_\_



Tent Permit No.  
(For NYS OPRHP use)

APPLICATION FOR  
TEMPORARY TENTS AND OTHER MEMBRANE STRUCTURES – FIRE CODE CHAPTER 31  
\*ALL APPLICATIONS MUST BE SUBMITTED 14 BUSINESS DAYS PRIOR TO EVENT\*

1. Date of submitting tent application \_\_\_\_\_
2. Attach approved Group Use or Park Use permit? Permit No. \_\_\_\_\_
3. Type of Event: \_\_\_ Retail Tent Sale \_\_\_ Outdoor Assembly \_\_\_ Other
4. Name of Applicant: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Event Location: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_
5. Person in charge of event:  
Name: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Official Title: \_\_\_\_\_ Organization: \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Company supplying tent: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
7. Tent Dimensions: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_
8. Date tent is to be erected: \_\_\_\_\_ Date tent is to be removed: \_\_\_\_\_
9. Attached copy of insurance (Acord Form) \_\_\_\_\_
10. Attached Guideline Instruction Sheet signed and returned \_\_\_\_\_
11. Attached site map, utility mark-out as required for tents erected with tent stakes \_\_\_\_\_

\_\_\_\_\_  
Signed by Applicant (see No. 4 above)

Approval Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Code Enforcement Official

Disapproved Date: \_\_\_\_\_



ACORD 204		CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YYYY)	
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
		COMPANIES AFFORDING COVERAGE				
INSURED		COMPANY A				
		COMPANY B				
		COMPANY C				
		COMPANY D				
COVERAGES						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT				<b>MUST MEET OR EXCEED MINIMUM LIMITS</b> GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMPOUND AGG \$ 2,000,000 PERSONAL INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXPENSE (Any one person) \$ 5,000	
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTO <input type="checkbox"/> SCHEDULED AUTO <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTO				COMBINED SINGLE LIMIT \$ BODILY INJURY/PERSON \$ BODILY INJURY/ACCIDENT \$ PROPERTY DAMAGE \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$	
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$	
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$	
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYER'S LIABILITY <input type="checkbox"/> THE PROPRIETOR/ <input type="checkbox"/> PARTNER/SOLE PROPRIETOR <input type="checkbox"/> OFFICERS AND: <input type="checkbox"/> INC <input type="checkbox"/> EXCL				<b>MUST BE WORDED EXACTLY AS SHOWN</b> <input checked="" type="checkbox"/> WC STAT LIMITS <input type="checkbox"/> OTHER \$ EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$	
	<input type="checkbox"/> OTHER Hldrs. Risk/Floater Disability				Contract Value \$ _____ DBL * Statutory	
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS</b> The People of the State of New York, the New York State Office of Parks, Recreation and Historic Preservation, the Long Island State Park, Recreation and Historic Preservation Commission, their commissioners, officers, agents and employees are named as additional insured.						
<b>CERTIFICATE HOLDER</b> LONG ISLAND REGION N.Y.S. OFFICE OF PARKS RECREATION & HISTORIC PRESERVATION BELMONT LAKE STATE PARK P.O. BOX 247 BABYLON, NY 11702-0247				<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE		