



**KATHY HOCHUL**  
Governor

## **Parks, Recreation and Historic Preservation**

**ERIK KULLESEID**  
Commissioner

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# **Guideline Instruction 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

Use period: Not to exceed 180 days in a (12) month period

### **New York State Parks and Recreation requirements:**

- The tent, canopy or temporary membrane structure is to be installed by noon the Friday before the event to insure time for inspection.
- All applications are to be received at least 14 days prior to the event.
- Exit signs shall be installed at required exit doorways.
- 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.
- All electrical enclosures and equipment must be rated and clearly marked for outdoor use.
- A certificate of insurance for the tent or membrane structure installer is to be submitted along with the application for the tent permit.
- 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.
- Occupancy signs, when required, are to be posted in conspicuous locations inside of the tent or membrane structure.
- No cooking is to take place within 20 feet of a tent or membrane structure that is to be used for public assembly.
- 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.
- Always make sure that the tent or structure location will not impede any emergency response apparatus to and from structure.
- No smoking shall be permitted. Suitable signs are to be placed in conspicuous locations.
- Open or exposed flame shall not be permitted inside or located within 20 feet of tent or membrane structures.

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

**Submit completed tent permit application to:**  
**Ronald.Craig@parks.ny.gov and LIEngineering@parks.ny.gov**



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Tent Permit No. \_\_\_\_\_

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
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. Attach copy of insurance (Acord Form). \_\_\_\_\_
10. Attach Guideline Instruction Sheet signed and returned. \_\_\_\_\_
11. Attach site map, utility mark-out as required for tents erected with tent stakes. \_\_\_\_\_

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

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

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

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

Code Enforcement Official



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ACORD™		CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YY)	
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/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP 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	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY/PERSON \$ BODILY INJURY/ACCIDENT \$ PROPERTY DAMAGE \$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INC OFFICERS ARE: <input type="checkbox"/> EXCL				WC STAT. LIMITS <input type="checkbox"/> OTHER \$ EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$	
	OTHER Bldrs. Risk/Floater Disability				Contract Value \$ DBL * Statutory	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS						
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.						
CERTIFICATE HOLDER				CANCELLATION		
LONG ISLAND REGION N.Y.S. OFFICE OF PARKS RECREATION & HISTORIC PRESERVATION BELMONT LAKE STATE PARK P.O. BOX 247 BABYLON, NY 11702-0247				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		