



Submit completed tent permit application by July 10, 2024 to:
LitentPermits@parks.ny.gov

TENTS AND OTHER TEMPORARY STRUCTURES PERMIT REQUIREMENTS

The New York State Office of Parks, Recreation and Historic Preservation (OPRHP) prohibits Tents and Temporary Structures with a footprint larger than 400 square feet or canopies with a footprint larger than 700 square feet from being erected, operated, or maintained for any purpose on OPRHP properties without first obtaining approval and a permit from a building code official, as required in the **2020 Fire Code of New York State Chapter 31**.

Guidelines for Installation of Tents and Other Temporary Structures on OPRHP property

Some of the guidelines listed below are from **2020 Fire Code of New York State Chapter 31, "Tent, Temporary Special Event Structures, and other Membrane Structures", 2020 Building Code of New York State Section 3102, "Membrane Structures" and National Fire Protection Association (NFPA) 102 Tents and Membrane Structures.**

- Permit use period: Not to exceed 180 days in a (12) month period.
- Non-camping tents with a footprint larger than 400 square feet or canopies with a footprint larger than 700 square feet, including stages and portable seating, require a permit for use in a state park facility.
- If the tent or temporary structure footprint has more than 400 square feet, or the canopy footprint has more than 700 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.
 - The floor plan must show the dimensions of the structure, aisle locations and sizes, seating capacity, arrangement of the seating, location and type of heating and electrical equipment.
- An installation site plan shall be submitted with this application. The installation site plan should consist of, but not be limited to, the structure's location on site, stake and support layout, exiting and fire extinguisher locations.
- A certificate of flammability rating for the tent or canopy material is to be submitted prior to installation to ensure the structure is in compliance with NFPA 701. Structures shall have a permanently affixed label identifying the fabric or material type.
- 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 may apply for weekend and evening inspections.
- If required, before installation, utility mark-outs shall be completed to ensure 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 uplift.
- Exit signs shall be installed at required exit doorways.
- The tent or temporary structure location shall not impede any emergency response apparatus to and from structures.
- All electrical enclosures and equipment must be UL rated and clearly marked for outdoor use.
- Open or exposed flame shall not be permitted inside or located within 20 feet of tent or membrane structures.
- Open or exposed flames shall be minimum 20 feet away from assembly tent or membrane structures. Cooking equipment is allowed under its own structure provided it's a minimum 20 feet away from other tents and/or structures.
- No smoking shall be permitted except where designated smoking areas are established.

Representative responsible for installation: _____ Date: _____

Phone Number: _____ Email Address: _____

TENTS AND OTHER TEMPORARY STRUCTURES PERMIT APPLICATION

Instructions to Applicant

- A Group and Park Use Permit for the specific park and event must be obtained through the Regional Permit Office. This is a prerequisite for receiving a Tents and Other Temporary Structures Construction/installation Permit.
- A Tents and Other Temporary Structures Permit Application must be complete at the time of submission; if any of the items listed under the Application for Permit the Guidelines for Installation are missing, the permit can't be issued.
- Submit the completed Tents and Other Temporary Structures Permit application and all related documentation to: Ltentpermits@parks.ny.gov

ALL APPLICATIONS MUST BE SUBMITTED TWO WEEKS PRIOR TO EVENT

1. Application Date: _____
2. Event Date(s): _____
3. Attach Group or Park Use Permit and list all Applicable Permit Number(s): _____
4. Type of Event: Retail Tent Outdoor Assembly Other: _____
5. Name of Event: _____ Expected Occupant Load: _____
6. Park or Facility: _____ Event Location: _____
7. Name of Applicant: _____ Phone Number: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Email Address: _____
8. Person in charge of event: _____ Phone Number: _____
Official Title: _____ Organization: _____
9. Tent or Temporary Structure Supplier: _____ Phone Number: _____
Website: _____ Email Address: _____
10. Tent or Temporary Structure Dimensions: _____ Total Square Footage: _____
Attach additional sheets for multiple Tents or Temporary Structures Dimensions.
11. Date Tent or Temporary Structure to be erected: _____ Removal Date: _____
12. Certificate of Liability Insurance is required with application, see Attachment 1 for requirements.
13. Installation/construction plans and details, site plan are required with application with seating floor plan as applicable.

OPRHP Code Enforcement Official Use Only

Permit Number: _____

Approved? Yes No

Date: _____

CEO: _____

Notes:

Applicant Certification: I hereby certify that I have read the instructions, examined this application, and know it to be correct. The undersigned acknowledges that they received a copy of the document "Guidelines for the Installation of Tents and Other Temporary Structures." Any tents or temporary structures erected by shall fully comply with all the provisions, regulations and requirements of the 2020 Fire Code and Building Code of New York State.

Print Name: _____ Signature: _____ Date: _____

REQUIRED INSURANCES

Attachment 1 – Certificate of Liability Insurance Requirements

<i>ACORD</i> TM		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.				
INSURED		COMPANIES AFFORDING COVERAGE				
		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 checked="" type="checkbox"/> 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				MUST MEET OR EXCEED MINIMUM LIMITS	
	<input type="checkbox"/> 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					
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO					
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR, PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INC. <input type="checkbox"/> EXCL.					
	<input type="checkbox"/> OTHER Hldrs. Risk/Hoster Disability				Contract Value \$ _____ DEL * 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		