



**INCORPORATED VILLAGE OF PORT JEFFERSON**

**Building & Planning Department**

88 North Country Road, Port Jefferson, NY 11777

Ph (631) 473-4744 Fax (631) 473-2049

www.portjeff.com

**APPLICATION FOR THE TEMPORARY INSTALLATION  
OF A TENT/CANOPY/AWNING PERMIT**

**If you are installing a temporary tent or membrane structure exceeding 400sf you may require a permit as required by Chapter 31 of the International Fire Code.**

*Please answer the following questions to determine if a permit is necessary:*

- Will your tent be closed on one or more sides? ☐ YES ☐ NO
- Will your tent/tents exceed 700sf in area? ☐ YES ☐ NO
- Will your tent be less than 12 feet\* from another structure (building, tent, etc.)? ☐ YES ☐ NO

(\*For the purposes of determining required distances, support ropes, and guy-wires shall be considered as part of the tent or other membrane structure.)

***If you answered yes to any of these questions, a permit is required.***

---

**APPLICATION REQUIREMENTS**

- Provide 2 completed applications, signed and notarized
- Provide 2 surveys with setbacks and distance to all structures/parking and walkways
- Provide 2 sets of plans\*\*include flame spread ratings
- Provide dates and approximate time tent(s) will be used
- Provide Insurance; Worker's Compensation, Disability and Liability for all contractors
- Fee of \$200.00

“TEMPORARY TENT/CANOPY/AWNING APPLICATION” Is hereby made by the undersigned for a permit, required by Chapter 31 of the NYS Fire Code for the temporary installation of a tent/canopy/awning.

Today's Date: \_\_\_\_\_

#1 ☐ TENT ☐ CANOPY ☐ AWNING (choose one)

Size: \_\_\_\_\_ How many: \_\_\_\_\_ Material: \_\_\_\_\_

#2 ☐ TENT ☐ CANOPY ☐ AWNING (choose one)

Size: \_\_\_\_\_ How many: \_\_\_\_\_ Material: \_\_\_\_\_

**WILL THE FOLLOWING BE PROVIDED?**

Side panels: Yes <input type="checkbox"/> No <input type="checkbox"/>	Cooking equipment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Electrical lighting/outlets: Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---	---

Heating equipment: Yes <input type="checkbox"/> No <input type="checkbox"/>
---

LOCATION OF TENT INSTALLATION:

ADDRESS: \_\_\_\_\_

TAX MAP #: \_\_\_\_\_

PROPERTY OWNER:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

TENANT/BUSINESS (if not property owner):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

CONTRACTOR:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

DATE OF INSTALLATION: \_\_\_\_\_ DATE & TIME TENT TO BE USED: \_\_\_\_\_

AMOUNT OF PEOPLE EXPECTED IN TENT AREA: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE#: \_\_\_\_\_

AFFIDAVIT

I \_\_\_\_\_ as the \_\_\_\_\_ being duly sworn  
Print Name (Owner, Owner’s Agent, Architect, Contractor)

depose and state that to the best of my knowledge and belief the statements contained in this application together with the plans and specifications submitted are a true and complete statement of all proposed work to be done on the described premises as it has been approved by the Inc. Village of Port Jefferson and that all provisions of the Zoning and Building Ordinance and the State Building Code and all other laws pertaining to the proposed work shall be complied with, and that such work is authorized by the owner.

Signature \_\_\_\_\_  
(Owner, Owner’s Agent, Architect, Contractor)

*I understand that false statements made herein are punishable as a Class A misdemeanor pursuant to §210.45 of the New York State Penal Law. \_\_\_\_ Read and acknowledged*

Permit may be revoked at any time at the Fire Marshal’s discretion.  
New York State Fire Code:  
[https://www.dos.ny.gov/dcea/laws\\_regs.html](https://www.dos.ny.gov/dcea/laws_regs.html)

<p><b>Office Use Only</b></p> <p>Fire Marshal Sign: _____</p> <p>Comments: _____</p> <p>Inspection Date: _____</p> <p>Passed: _____ Failed: _____</p> <p>Permitted Occupancy _____</p>
--