



**Town of Southampton**  
**DEPARTMENT OF PUBLIC SAFETY**  
**DIVISION OF FIRE PREVENTION**  
 27 Ponquogue Avenue  
 Hampton Bays, NY 11946  
 Telephone: 631.702.2919  
 Email: firemarshal@southamptontownny.gov

John J. Rankin  
 Chief Fire Marshal

Christian E. Hansen  
 Assistant Chief Fire Marshal

**20 APPLICATION for a TENT PERMIT**

is hereby made by the undersigned as required by section 164-5 of the Code of the Town of Southampton:

**Size of Tent (s):** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_

**Less than 200 sq ft (No Charge):** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

**Generator:** Yes / No    **Side Panels:** Yes / No    **Electrical Lighting:** Yes / No    **Heating Equipment:** Yes / No    **LPG:** Yes / No  
*(Additional Permit required for temporary LPG)*

**\*NOTE:** This permit is for the use of a tent as described. This permit is independent of zoning regulations and is not intended to infer that the use of a tent is permitted use under zoning regulations. Additional permits may be required for special events.

**APPLICANT:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**TENT COMPANY/ORGANIZATION/OWNER:** \_\_\_\_\_

**LOCATION OF EVENT:** \_\_\_\_\_

**OWNER OF THIS LOCATION:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**\*\*\* (Property Owner must sign Land Owners Endorsement and Hold Harmless form before a notary) \*\*\***

**ACTIVITY PLANNED:** \_\_\_\_\_ **DATE OF EVENT:** \_\_\_\_\_

**DATE(s) & APPROXIMATE TIME TENT(S) IS TO SET UP:** \_\_\_\_\_ **REMOVED:** \_\_\_\_\_

**TOTAL OCCUPANCY LOAD #:** (Including Staff) \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

*Tents 15,000 sq ft or greater requires a stamped engineer's drawing*

**\*\*\* INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED \*\*\***

**RESIDENTIAL Fees:**

Less than 1,000 sq. ft.	\$100.00	10,000 to <15,000 sq. ft.	\$500.00
1,000 to < 5,000 sq. ft.	\$200.00	15,000 to <50,000 sq. ft.	\$750.00
5,000 to <10,000 sq. ft.	\$300.00	50,000 sq. ft. and greater	\$1,500.00

**Each additional tent less than 1,000 sq ft \$100.00 | 1,000 to <10,000 sq ft \$175.00 | 10,000 sq ft and greater \$325.00**

\*\*\*\*\* *Less than 200 sq. ft – No Charge (but please note size, show location and drawing if applicable)* \*\*\*\*\*

**Late Fees** – Charged 48 hours prior to set up

**\*(Based on Largest Tent)\* Tents less than 10,000 sq ft \$100.00 | 10,000 sq ft or greater \$225.00**

**COMMERICAL Fees:**

Less than 1,000 sq. ft.	\$300.00	10,000 to <15,000 sq. ft.	\$500.00
1,000 to < 5,000 sq. ft.	\$350.00	15,000 to <50,000 sq. ft.	\$700.00
5,000 to <10,000 sq. ft.	\$400.00	50,000 sq. ft. and greater	\$1,500.00

**Each additional tent less than 1,000 sq ft \$125.00 | 1,000 to <10,000 sq ft \$200.00 | 10,000 sq ft and greater \$325.00**

\*\*\*\*\* *Less than 200 sq. ft – No Charge (but please note size, location and drawing if applicable)* \*\*\*\*\*

**Late Fees** – Charged 48 hours prior to set up

**\*(Based on Largest Tent)\* Tents less than 10,000 sq ft \$175.00 | 10,000 sq ft or greater \$325.00**

**CHECKLIST**

**MAKE CHECK PAYABLE TO TOWN OF SOUTHAMPTON**

<input type="checkbox"/> Flame Retardant Cert <input type="checkbox"/> Workman's Comp <input type="checkbox"/> Landowners Endorsement <input type="checkbox"/> Map Indicating Tent Location	**** OFFICE USE ONLY ****
	Tax Map # _____ Check/Cash _____ Late Fee _____ Permit# _____ Receipt# _____ Fee: Residential _____ Commercial _____ Chief Fire Marshal _____ Date _____





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## Corporation/LLC Attestation Form

Real Property Address: \_\_\_\_\_

Real Property Tax Map Number: 0900 Section \_\_\_\_\_ - Block \_\_\_\_\_ - Lot \_\_\_\_\_.

Entity Name: _____ Entity Type: _____  D.O.S. ID: _____ Entity Status: _____  County: _____ Initial D.O.S. Filing: _____	Next Statement Due Date: _____ Entity Address: _____ _____ Relation to Entity: _____  Chief Executive Officer: YES/NO (Circle One) Entity Owner: YES/NO (Circle One) Percentage of Ownership: _____
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Domestic/foreign business corporations and domestic and foreign limited liability companies are required to file a Biennial Statement every two years with the Department of State, and entities may update their status or amend their records with the Department of State at any time.

All information provided herein will be confirmed with the New York State Department of State, and a copy of this form will be forwarded to the legal entity named herein. Any application containing information that does not match New York State Department of State records will be denied. Any incomplete application will be rejected.

I, \_\_\_\_\_, D/O/B \_\_\_\_\_, residing at \_\_\_\_\_, represent that I am the person identified herein, and have the legal ability to represent the legal entity named herein.

I declare that, to the best of my knowledge and belief, the information provided herein is true, accurate and complete and understand that false statements made therein are punishable as a Class A misdemeanor punishable pursuant to section 201.45 of the Penal Law.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Print)

On the \_\_\_\_ day of \_\_\_\_\_, in the year 202\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed this instrument.

\_\_\_\_\_  
 Notary Public Original Signature and Stamp



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## Trust Attestation Form

Real Property Address: \_\_\_\_\_

Real Property Tax Map Number: 0900 Section \_\_\_\_\_ - Block \_\_\_\_\_ - Lot \_\_\_\_\_.

Trust Name as recorded on Deed: _____  Grantor/Settlor: _____  Trustee/Administrator: _____	Primary Mailing Address: _____ _____ _____  Beneficiary: _____
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All information provided herein will be confirmed against the Suffolk County Record Card, and a copy of this form will be forwarded to the primary mailing address of the identified Trust herein. Any application containing information that does not match the Suffolk County Record Card will be denied. Any incomplete application will be rejected.

I, \_\_\_\_\_, D/O/B \_\_\_\_\_, residing at \_\_\_\_\_, represent that I am the person identified herein, and have the legal ability to represent and legally bind the Trust named herein. I declare that, to the best of my knowledge and belief, the information provided herein is true, accurate and complete and understand that false statements made therein are punishable as a Class A misdemeanor punishable pursuant to section 201.45 of the Penal Law.

\_\_\_\_\_  
 (Signature) \_\_\_\_\_ (Print)

On the \_\_\_\_ day of \_\_\_\_\_, in the year 202\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed this instrument.

\_\_\_\_\_  
 Notary Public Original Signature and Stamp



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## Estate Attestation Form

Real Property Address: \_\_\_\_\_

Real Property Tax Map Number: 0900 Section \_\_\_\_\_ - Block \_\_\_\_\_ - Lot \_\_\_\_\_.

Estate Name: _____  Date of Death: _____  Administrator/Executor: _____	Primary Mailing Address: _____ _____  County of Administration: _____  State of Administration: _____
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All information provided herein may be forwarded to a court of competent jurisdiction. Any incomplete application will be rejected.

I, \_\_\_\_\_, D/O/B \_\_\_\_\_, residing at \_\_\_\_\_, represent that I am the person identified herein, and have the legal ability to represent and legally bind the estate named herein. I declare that, to the best of my knowledge and belief, the information provided herein is true, accurate and complete and understand that false statements made therein are punishable as a Class A misdemeanor punishable pursuant to section 201.45 of the Penal Law.

\_\_\_\_\_  
 \_\_\_\_\_ (Print)  
 (Signature)

On the \_\_\_\_ day of \_\_\_\_\_, in the year 202\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed this instrument.

\_\_\_\_\_  
 Notary Public Original Signature and Stamp

**THIS PERMIT IS GRANTED AND ACCEPTED UNDER THE FOLLOWING CONDITIONS:**

1. Tent(s) and canopies shall be erected and used in conformity with the NYS Uniform Fire Prevention and Building Code.
2. Tent(s) and canopies shall be flame resistant. Prior to erection certificates of flame spread rating shall be on file with the Fire Marshall's Office and a current affidavit attesting to the fact that these documents represent all fabrics in use by this company. In addition, they shall have permanently sewn into each panel or piece making up the tent or canopy an acceptable label attesting to such.
3. Exits shall be clearly marked and illuminated and open to a free and clear area. The number and size of the exits shall be appropriate to the occupant load.
4. Tent(s) and canopies shall not be installed in driveways or any locations that would block access to property and other structures by emergency vehicles.
5. Combustible vegetation shall be removed from the area occupied by the tent(s) or canopies and from areas within thirty feet of such structure.
6. Open flame devices, including candles and cooking devices, are **NOT** permitted inside or within twenty feet of the tent(s) or canopies while such structure is occupied unless there is prior approval from the Fire Marshal's office. Equipment or candles that the organizer, decorator or caterer may believe to be suitable must be submitted to this office for approval at least 48 hours in advance.
7. Combustible materials for decorative purposes are NOT permitted. All decorations shall be composed of flame resistant material or shall be treated with a flame retardant in an approved manner and meet the requirements for flame spread resistance as determined in accordance with NFPA 701 and such flame resistance shall be effective for the period specified by the permit.
8. Portable fire extinguishers (minimum rating of 2A40BC) shall be provided and installed immediately following installation.
9. All electrical wiring and equipment shall be installed and maintained in accordance with the National Electrical Code.
10. Guide wires, stakes and any other support equipment adjacent to or in the path of exit travel must be effectively enclosed, capped or guarded.
11. There is **NO SMOKING** under the tent(s).
12. There is **NO COOKING** under the assembly tent(s). All tents used for cooking are compliant with Chapter 24 of the Fire Code of New York State.
13. If in excess of two hundred seats are provided, they shall be fastened together in groups of not less than three.
14. The Fire Marshal or designee is hereby authorized to enter on to the premises indicated on this permit to ascertain compliance with applicable laws and conditions of the permit.
15. Street number must be included on location of event and posted so as to be not less than 4" inches in height and clearly visible from the roadway.
16. As per Section 57 and Section 200 of the NYS Workers' Compensation Law, Section 57 and Section 220 of the New York State Workers' Compensation Law and Section 125 of the General Municipal Law effectively immediately we will be requiring that either a valid certificate proving compliance be on file or that one be submitted with the application.
17. For your convince we have attached applicable New York State Fire Codes, please make sure your clinics are aware of these Fire Codes

- 404.2.1 Fire evacuation plans. Fire evacuation plans shall include the following:
1. Emergency egress or escape routes and whether evacuation of the building is to be complete by selected floors or areas only or with a defend-in-place response.
  2. Procedures for employees who must remain to operate critical equipment before evacuating.
  3. Procedures for assisted rescue for persons unable to use the general means of egress unassisted.
  4. Identification and assignment of personnel responsible for rescue or emergency medical aid.
  5. Procedures for accounting for employees and occupants after evacuation have been completed.
  6. Identification and assignment of personnel responsible for rescue or emergency medical aid.
  7. The preferred and any alternative means of notifying occupants of a fire or emergency.
  8. The preferred and any alternative means of reporting fires and other emergencies to the fire department or designated emergency response organization.
  9. Identification and assignment of personnel who can be contacted for further information or explanation of duties under the plan.
  10. A description of the emergency voice/alarm communication system alert tone and preprogrammed voice messages, where provided.
- 404.2.2 Fire Safety plans. Fire safety plans shall include the following:
1. The procedure for reporting a fire or other emergency.
  2. The life safety strategy including the following:
    - 2.1. Procedure for notifying occupants, including areas with a private mode alarm system.
    - 2.2. Procedure for occupants under a defend-in-place response.
    - 2.3. Procedures for evacuating occupants, including those who need evacuation assistance.
  3. Site plans indicating the following:
    - 3.1. The occupancy assembly point.
    - 3.2. The locations of fire hydrants.
    - 3.3. The normal routes of fire department vehicle access.
  4. Floor plans identifying the locations of the following:
    - 4.1. Exits
    - 4.2. Primary evacuation routes.
    - 4.3. Secondary evacuation routes.
    - 4.4. Accessible egress routes.
      - 4.4.1. Areas of refuge
      - 4.4.2. Exterior areas for assisted rescue.
    - 4.5. Refuge areas associated with smoke barriers and horizontal exits.
    - 4.6. Manual fire alarm boxes.
    - 4.7. Portable fire extinguishers.
    - 4.8. Occupant-use hose stations.
    - 4.9. Fire alarm annunciators and controls.
  5. A list of major fire hazards associated with the normal use and occupancy of the premises, including maintenance and housekeeping procedures.
  6. Identification and assignment of personnel responsible for maintenance of systems and equipment installed to prevent or control fires.
  7. Identification and assignment of personnel responsible for maintenance, housekeeping and controlling fuel hazard sources.
- 403.2.1 Seating plan. In addition to the requirements of Section 404.2, the fire safety and evacuation plans for assembly occupancies shall include a detailed seating plan, occupant load and occupant load limit. Deviations from the approved plans shall be allowed provided the occupant load limit for the occupancy is not exceeded and the aisles and exit access ways remain unobstructed.
- 3103.6 Construction documents. A detailed site and floor plan for tents, canopies or membrane structures with an occupant load of 50 or more shall be provided with each application for approval. The tent, canopy or membrane structure floor plan shall indicate details of means of egress facilities, seating capacity, arrangement of the seating and location and type of heating and electrical equipment.
- 3103.12.2 Number. Tents, canopies or membrane structures or a usable portion thereof shall have not less than one exit and not less than the number of exits required by Table 3103.12.2. The total width of means of egress in inches (mm) shall not be less than the total occupant load served by a means of egress multiplied by 0.2 inches (5 mm) per person.

**TABLE 3103.12.2 MINIMUM NUMBER OF MEANS OF EGRESS AND MEANS OF EGRESS WIDTHS FROM TEMPORARY MEMBRANE STRUCTURES, TENTS AND CANOPIES**

OCCUPANT LOAD	MINIMUM NUMBER OF MEANS OF EGRESS	MINIMUM WIDTH OF EACH MEANS OF EGRESS(inches) Tent or Canopy	MINIMUM WIDTH OF EACH MEANS OF EGRESS Membrane Structure
10 to 99	2	72	36
200 to 499	3	72	72
500 to 999	4	96	72
1,000 to 1,999	5	120	96
2,000 to 2,999	6	120	96
	7	120	96

For SI: 1inch = 25.4 mm when an occupant load exceeds 3,000, the total width of means of egress (in inches) shall not be less than the total occupant load multiplied by 0.2