## TENT EXCEEDING 30-FT PERMIT APPLICATION

In accordance with the Code of the Town of Gates and the NYS Fire Prevention and Building Code, no permit-required work will begin prior to the issuance of proper permits and/or approvals by the Town of Gates.

All fields must be completed. If not applicable places may with N/A

FAX#:

## **Town of Gates**

Office of the Fire Marshal 1605 Buffalo Road Rochester, NY 14624 (585) 247-6100 (585) 426-8581 Fax firemarshal@townofgates.org

**E-MAIL:** 

**CELL PHONE#:** 

Data



\$25.00

An neids must be completed. If h	lot applicable, please mark	with N/A Date	•
SITE INFORMATION			
BUILDING/SITE NAME:			
<b>BUILDING/SITE ADDRESS:</b>			
DATE AND DURATION OF THE EVI	ENT:		
MAILING ADDRESS:			
APPLICANT INFORMATION			
BUISNESS OR RESIDENT NAME:			
ADDRESS:			
PHONE#:	FAX#:	E-MAIL:	
CONTACT NAME:			
SIGNATURE:			
INSTALLER PERFORMING WORK			
IF NOT DONE BY THE APPLICANT			
NAME:			
ADDRESS:			

## APPROVED SITE MAP AND A COPY OF THE PERMIT MUST BE KEPT ON SITE DURING EVENT.

**Note:** The issuance of a permit based upon plans specifications, data and other reports shall not prevent the Town of Gates from thereafter requiring correction of deficiencies. Any deficiencies found during field inspection, testing, or Fire Marshal surveys must also be corrected.

All work shall comply with all applicable codes and standards, including the NYS Fire Prevention and Building Code, NFPA 701 and the Code of the Town of Gates.

## **EVENT DESCRIPTION:** (Including a seating layout if applicable)

NUMBER AND SIZE OF TENTS THAT WILL BE ON SITE # \_\_\_\_\_ SIZE \_\_\_\_\_\_ # \_\_\_\_ SIZE \_\_\_\_\_\_ # \_\_\_\_ SIZE \_\_\_\_\_\_ # \_\_\_\_ SIZE \_\_\_\_\_\_ PERMIT FEE

**PHONE#:** 

**ON SITE CONTACT NAME:**