



# TOWN OF UNION

TENT-PORTABLE SHELTER  
PERMIT APPLICATION  
BUILDING PERMITS AND CODE ENFORCEMENT OFFICE  
3111 E. MAIN STREET  
ENDWELL, NY 13760  
PHONE (607) 786-2920 FAX (607) 786-2320

Permit  
No: \_\_\_\_\_

Date Issued:  
\_\_\_\_\_

GENERAL INSTRUCTIONS: Applicant must fill in all information relative to the work. The checklist of requirements for this permit, if any, must be completed and included with this application submittal. Plot plan required to be submitted with application. Note: Separate applications may be required for multiple structures or items on same parcel.

## APPLICANT INFORMATION

OWNER/COMPANY: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## ADDITIONAL REQUIRED INFORMATION

Rental Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address & Location of Shelter: \_\_\_\_\_  
Use of Shelter: \_\_\_\_\_  
Dates of Shelter Set up/Use From: \_\_\_\_\_ Until: \_\_\_\_\_  
Size of Shelter: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
Capacity: \_\_\_\_\_ No. of Exits: \_\_\_\_\_ Structure/Frame Material: \_\_\_\_\_  
*wood, metal, etc*

## THE FOLLOWING WILL BE PROVIDED (CHECK ALL THAT APPLY)

\_\_\_ Heating/Cooking Appliances: Amount of: \_\_\_\_\_ Fuel Type: \_\_\_\_\_  
*Natural gas, propane, solid fuel*  
\_\_\_ Exit lights                      \_\_\_ General Lighting                      \_\_\_ Emergency Lighting  
\_\_\_ Fire Extinguishers: Number of: \_\_\_\_\_ Type ABC                      \_\_\_\_\_ Class K (for cooking)

## Application Certification and Acknowledgement

I attest, understand and agree that any permit issued pursuant herein is on the express condition that all information provided above and attached is true and provisions of the New York State Fire Prevention and Building Code as well as all applicable Town Code of the Town of Union and any and all amendments thereto shall apply and are complied with. No changes to this application or deviation of the subsequent approved Tent & Portable Shelter Permit shall be made without prior approval of the Town of Union Code Enforcement Office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Proof of NYS Workers Compensation Insurance and Disability Benefits must be submitted.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_