VILLAGE OF FLOWER HILL
1 Bonnie Heights Road | Manhasset, NY 11030
| (516) 627-5000 | www.villageflowerhill.gov

TENT APPLICATION CHECKLIST:

For temporary tents and canopies.

- ☐ Submit a Miscellaneous Permit Application Form.
- ☐ Tent Information: Provide tent dimensions, total square footage, number of sides (open or enclosed), and purpose of use.
- ☐ Dates: Identify the proposed installation date, event date(s), and removal date.
- ☐ Location: Submit a current survey or site plan showing the proposed tent location, dimensions and distances from buildings and property lines.
- ☐ Occupancy and Use: State the estimated number of people using the tent and identify any tables, chairs, cooking equipment, heaters, electrical equipment or other planned use.
- ☐ Tent Specifications: Provide manufacturer's information or a tent-company drawing showing the proposed tent and anchoring method.
- ☐ Flame-Resistance Documentation: Provide certification for the tent fabric when required by the Building Department or applicable Fire Code.
- ☐ Contractor Insurance: For required coverages see "Insurance Requirements for Obtaining a Permit" attached to Building Permit Application:
  ____General Liability (Accord Form) with Village of Flower Hill named as Additional Insured; ____ Worker's Compensation (C-105.2 Form) ____Disability Insurance (DB 120.1 or DB155 Form)
- ☐ Fee: $100 per tent.

PERMIT MUST BE RECEIVED BEFORE TENT IS INSTALLED

HOURS OF WORK: MONDAY – FRIDAY 8:00 AM – 6:00 PM
NO CONSTRUCTION WORK ON SATURDAY, SUNDAY OR FEDERAL HOLIDAYS

MISC. PERMIT APPLICATION

DATE…….

TYPE OF PERMIT:

☐ **SIGN**

☐ **POD/STORAGE CONTAINER**

☐ **BLOCK PARTY**

☐ **USE OF FACILITIES**

☐ **DUMPSTER**

☐ **OTHER MISC.: _____**

Name……Telephone #.....

Address…….

Section…… Block…… Lot……. Email …….

SPECIFICATION/DESCRIPTION OF WORK:

LOCATION: (Show work to be done below. For fence, provide survey with location of fence.)

Estimated Cost……..

Builder/Contractor…… Phone #……

Address…….. Email …….

Include with this application: Contractor's insurances (liability, worker's comp & disability certificates w/ Village of Flower Hill as certificate holder) & Nassau Consumer Affairs License

I hereby declare that I am the Owner/ Agent of Owner and have authority to file this application and that all statements made herein are true to the best of my knowledge and belief.

Signature……..

Print Name……...

---------- DO NOT WRITE BELOW THIS LINE----------

Fee Paid_____ (see fee schedule for calculations)

Approved on ---------- By:----------Permit to expire----------