

TENT / TEMPORARY MEMBRANE STRUCTURE 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.

Town of Gates

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



All fields must be completed. If not applicable, please mark with N/A

Date: _____

SITE INFORMATION

BUILDING/SITE NAME:
BUILDING/SITE ADDRESS:
DATE AND DURATION OF THE EVENT:
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:		
PHONE#:	FAX#:	E-MAIL:
ON SITE CONTACT NAME:	CELL PHONE#:	

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 _____