

CITY OF ONEIDA

Department of Public Safety
BUREAU OF FIRE



109 North Main Street
Oneida, New York 13421
Tel.: 315-363-1910
Fax: 315-363-4754

APPLICATION FOR TENT PERMIT

Name _____ Phone _____

Address _____

Owner of Property _____ Date _____ 20__

Location of Tent _____ Tent Size _____ X _____

Dates of Use _____ Fee Paid by _____ Check _____ Cash _____

This permit shall be issued per the Code of the City of Oneida, Chapter 61, Section 18, Article 31 and the Fire Code of New York State, Chapter 24, Section 2403. All permits shall be issued for a maximum of thirty (30) days.

Tent Permits are required for tents 200 sq. ft. or greater (10x20). Canopies 400 sq. ft. or greater (20x20), and any canopy supplied with sides (drops) shall be considered a tent.

**Fee per inspection: \$60.00 (sixty dollars) Checks payable to: City Clerk
Codes Official from Fire Dept. will contact applicant to set up inspection time
Re-inspections will require another application and fee (\$60.00)**

1. Adequate exits shall be provided as per inspection.
2. No portable heaters to be used in tents.
3. All exits and aisles shall be kept clear at all times. Aisles to be forty-four (44) inches minimum in width.
4. Approved extinguishers shall be provided and "No Smoking" signs shall be posted inside the tent.
5. Open-flame devices shall not be allowed inside or within twenty (20) feet of the tent or air supported structure, unless approved by the Code Enforcement Official.
6. Cooking tents shall be at least twenty (20) feet from other tents, canopies, membranes, and structures. Cooking tents shall not be open to the public, unless approved by the Fire Marshall's office.
7. All decorative material, if used, shall be flameproof material.
8. Evidence of tent flame-proofing and insurance shall be provided to Code Enforcement Official at the time of the inspection.
9. All tents shall be at least ten (10) feet from a structure.

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FOR DEPARTMENT USE ONLY

Name of Applicant: _____ Location _____

Date Inspected: _____ Approved ___ Yes ___ No

Inspector: _____ Date _____, 20__

Applicant Signature: _____ Date _____, 20__

- 1. Certificate of Insurance _____ Yes ___ No
- 2. Flame Resistant Treatment per NFPA 701 _____ Yes ___ No
- 3. Label _____ Yes ___ No
- 4. Exit widths 44" _____ Yes ___ No
- 5. No smoking signs posted _____ Yes ___ No
- 6. Extinguishers _____ Yes ___ No
- 7. Exit signs _____ Yes ___ No
- 8. No portable heaters _____ Yes ___ No
- 9. No open flames _____ Yes ___ No
- 10. No decorative materials (unless flameproof) _____ Yes ___ No