

# 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