



VILLAGE OF MONTEBELLO, NY
INCORPORATED 1986

Building Department

One Montebello Road
Montebello, N.Y. 10901
(845) 368-2491 Fax (845) 368-2044

Adam Gordon

Building Inspector

Marcos Padilla

Fire Inspector

**PERMIT APPLICATION INFORMATION PAGE
FOR TENTS, TEMPORARY SPECIAL EVENT STRUCTURES
AND OTHER MEMBRANE STRUCTURES**

Tents, temporary special event structures and other membrane structures having an area in excess of 400 square feet require a permit from the Rockland County Office of Buildings and Codes pursuant to the Fire Code of New York State. Applications must be submitted at least 10 business days prior to the event date and must be inspected by a Code Enforcement Official from the issuing authority prior to use. Tents with cooking operations must have an additional inspection by a code enforcement official from the issuing authority prior to the commencement of cooking operations.

Temporary tents and air-supported, air inflated or tensioned membrane structures shall not be erected for a period of more than 180 days within a 12-month period on a particular parcel.

Tent Permit Fees:

- For structures between 400 square feet and 1,600 square feet - Fee: \$75.00
- For structures between 1,600 square feet and 3,000 square feet - Fee: \$100.00
- For structures between 3,000 square feet and 5,000 square feet - Fee: \$125.00
- For structures greater than 5,000 square feet Fee: \$175.00
- Reinspection Fee: \$50.00
- Structures containing cooking operations require an additional \$50.00 fee



CONDITIONS & REQUIREMENTS

The following documentation must be provided with the application:

- A diagram/sketch of the tent location in relation to the lot lines and other structures, with all applicable dimensions.
- A diagram/sketch of the tent interior, which at minimum must include: exits, tables, chairs, displays, mechanical devices (HVAC), fire extinguishers and cooking devices.
- Proof of identification for property owner and applicant, if different.
- A notarized endorsement by the property owner or representative authorizing the tent to be erected.
- Certificate of Flame Resistance.
- If electrical service is utilized, the following documents are required: (1) Rockland County Electrical

License; (2) Underwriter's Certificate; (3) Worker's Compensation; (4) disability insurance; and (5) liability insurance. All insurance certificates must name the Rockland County Office of Buildings and Codes and the Village of Montebello as additional insured.

- Permits are non-transferable and must be conspicuously posted near the main entrance of the tent/structure at all times.
- All applicable New York State Fire Codes must be adhered to at all times.
- This permit is revocable by any authority having jurisdiction, at any time, for failure to comply with all of the above requirements.



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PERMIT APPLICATION
TENTS, TEMPORARY SPECIAL EVENT STRUCTURES
AND OTHER MEMBRANE STRUCTURES

TENT LOCATION

Property Address: _____

City: _____ State: _____ Zip Code: _____

Building or Complex name: _____

APPLICANT

Name: _____

Legal Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

E-Mail: _____

PROPERTY OWNER

Name: _____

Legal Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

E-Mail: _____



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EVENT DETAILS

Date(s) of Event: _____ Event Times: _____

Description/Type of Event: _____

Tent Set Up Date: _____ Tent Removal Date: _____

TENT DETAILS

Number of Tent(s): _____ Tent Size(s): _____

Occupant Load of Tent(s): _____

Type of Tent: Frame: _____ Pole: _____ Tension: _____ Other: _____

Will Tent be staked or ballasted? Staked: _____ Ballasted: _____

Will Tent have sidewalls? YES: _____ #: _____ NO: _____

Interior Setup: Chairs Only: _____ Tables & Chairs: _____ Merchandise: _____

Cooking: _____

Electric Service to Tent? YES: _____ NO: _____

Power Supplied By: _____

Will you have a separate tent for Food Preparation: _____ Heating Only: _____ Heat or Open Flame: _____

TENT VENDOR INFORMATION

Company
Name: _____

Corporate
Name: _____

Address: _____

City: _____ State: _____ Zip _____



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Code: _____

Phone: _____

Fax: _____

Website: _____

Owner's

Name: _____ Cell: _____

Company Manager Name: _____

Cell: _____

OWNER/APPLICANT (NOTARIZED SIGNATURE)

Sworn to and subscribed before me this day of , 20

Applicant Signature: _____

Approved: ____ **Denied:** ____ **Inspector:** _____