

## **TOWN OF UNION**

Permit
No:\_\_\_\_\_

Date Issued:

TENT-PORTABLE SHELTER
PERMIT APPLICATION
BUILDING PERMITS AND CODE ENFORCEMENT OFFICE
3111 E. MAIN STREET
ENDWELL, NY 13760
PHONE (607) 786-2920 FAX (607) 786-2320

GENERAL INSTRUCTIONS: Applicant must fill in all information relative to the work. The checklist of requirements for this permit, if any, must be completed and included with this application submittal. Plot plan required to be submitted with application. Note: Separate applications may be required for multiple structures or items on same parcel.

APPLICANT INFORMATION		
OWNER/COMPANY:		
Address:		
		Zip:
Contact Person:		
ADDITIONAL REQUIRED INFORMATION		
Rental Company:		
Contact Person:		Phone:
Address & Location of Shelter: _		
Use of Shelter:		
		Until:
Size of Shelter: Length:	Width:	Height:
Capacity:	No. of Exits:	Structure/Frame Material:
		wood, metal, etc
THE FOLLOWING WILL BE PROVIDED (CHECK ALL THAT APPLY)		
Heating/Cooking Appliances: Amount of:		
		Natural gas, propane, solid fuel
Exit lights	General Lighting	gEmergency Lighting
Fire Extinguishers: Number		Class K (for cooking)
Application Certification and Acknowledgement		
provided above and attached is applicable Town Code of the To	true and provisions of the Newn of Union and any and all a eviation of the subsequent ap	nt herein is on the express condition that all information w York State Fire Prevention and Building Code as well as all mendments thereto shall apply and are complied with. No proved Tent & Portable Shelter Permit shall be made without e.
Signature:		Date:
Print Name:		
	Norkers Compensation Insura	ance and Disability Benefits must be submitted.
Approved:		Date: