



## DCC 301 - Tent Construction Approval Form

Date Received: \_\_\_\_\_

SECTION 1 Applicant Info		Tent Erection Contractor or Vendor	
Name:		Name:	
Address:		Address:	
Address(cont.):		Address(cont.):	
Phone:		Phone:	
Email:		Email:	

### SECTION 2

Park or Historic Site Name: \_\_\_\_\_ Proposed Date(s): \_\_\_\_\_

Location of Proposed Tent: \_\_\_\_\_

Proposed Square Footage of Tent: \_\_\_\_\_ Proposed Height of Tent: \_\_\_\_\_

Occupant Load: ☐ Standing Room Only (Square Footage ÷ 5) = \_\_\_\_\_ Max Occupants

(SELECT ONE) ☐ Chairs Only (Square Footage ÷ 7) = \_\_\_\_\_ Max Occupants

☐ Tables and Chairs (Square Footage ÷ 15) = \_\_\_\_\_ Max Occupants

This tent will contain the following: Electrical ☐ Mechanical ☐ Heating ☐ Cooking Elements ☐

### SECTION 3 (For occupancy loads of 50 or more persons)

Provide construction documents detailing the following information: (2020 FCNYS – Chapter 31)

1. Site map and floor plan of tent (Include dimensions, arrangement of tables, chairs, or other fixtures)
2. Separation distance from any lot lines, buildings, parked vehicles, engines, or generators
3. Means of Egress (Include location of all exits, aisle widths, illuminated exit signs, doors, and exit coverings)
4. Location and type of heating, mechanical, and electrical equipment
5. Locations of fire extinguishers or other fire protection equipment
6. Type and location of anchorage points and analysis of structural stability
7. Flame propagation treatment certificates

### SECTION 4

Utility mark-outs must be performed prior to tent construction.

Have utility mark-outs been completed? ☐ Yes ☐ No

*You must notify the Park Office at least 15 business days in advance of the proposed event date.*

-----For Office Use Only-----

Park Office Approval	
Event Info Approved by Park Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved By: _____

CEO:	Permit #	Approved	Approval Date:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## **DCC 302 - TENT CONSTRUCTION SUPPLEMENT**

The following information covers the most common items required for tent construction documents. This list does not cover all requirements, so please refer to your local Fire Code Official for more information. Please provide the following information with your application:

*(Applicable sections of the 2020 Fire Code of New York State have been included per item for reference.)*

1. A detailed site and floor plan for tents or membrane structures with an occupant load of 50 or more people shall be provided with each application for approval. The floor plan shall indicate details of the means of egress facilities, seating capacity, arrangement of the seating and location and type of heating and electrical equipment. The construction documents shall include an analysis of structural stability. (Include anchorage type and location) *(3103.6, 3103.9)*
2. Separation from buildings, lot lines, or other tents or membrane structures. All dimensions shall be clearly stated on site plans and floor maps. *(3103.8)*
3. Location of all exits, exit signage, how exit signs will be illuminated and, where applicable, information on aisles and opening protectives *(3103.12 – 3103.12.8)*
4. Certificate of flame propagation treatment *(3104.4)*
5. Location of all portable fire extinguishers. Portable fire extinguishers shall be placed no more than fifty feet (50') from any location within the tent or membrane structure. Each generator shall be provided with a separate portable fire extinguisher. A minimum of one portable fire extinguisher per tent is required. More restrictive requirements may be mandated where deemed necessary by the Code Official. *(3107.9)*
6. Maximum occupant load of the tent based on provided formulas. Where multiple types may apply in the same tent, THE MOST RESTRICTIVE CALCULATIONS SHALL APPLY. *(3107.11)*
7. Location, equipment type, and fuel type of all cooking appliances. Cooking appliances shall not be located within ten feet (10') of exits or combustible materials. *(3107.12)*
8. Location any LP-gas containers and tamper/impact protection(s) used *(3107.13)*
9. Location of all generators or combustion power sources. Generators shall be separated not less than twenty feet (20') from membrane structures and shall be isolated from contact with the public. *(3107.16)*

# REQUIRED INSURANCES

## Attachment 1 – Certificate of Liability Insurance Requirements

ACORD™		CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YY)	
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
		COMPANIES AFFORDING COVERAGE				
INSURED		COMPANY A				
		COMPANY B				
		COMPANY C				
		COMPANY D				
COVERAGES						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				GENERAL AGGREGATE	\$ 2,000,000
	COMMERCIAL GENERAL LIABILITY				PRODUCTS COMPOUND AGG	\$ 2,000,000
	CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL INJURY	\$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXPENSE (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	ANY AUTO				BODILY INJURY/PERSON	\$
	ALL OWNED AUTOS				BODILY INJURY/ACCIDENT	\$
	SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	HIRE AUTOS					
	NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO-ONLY EA ACCIDENT	\$
	ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	UMBRELLA FORM				AGGREGATE	\$
	OTHER THAN UMBRELLA FORM					
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				WC STAT. LIMITS <input type="checkbox"/> OTHER	\$
	THE PROPRIETOR/ PARTNER/EXECUTIVE OFFICER'S AGE				EL EACH ACCIDENT	\$
					EL DISEASE-POLICY LIMIT	\$
					EL DISEASE-EA EMPLOYEE	\$
	OTHER				Contract Value \$	
	Blinds, Risk/Slater Disability				DEL * Statutory	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS						
The People of the State of New York, the New York State Office of Parks, Recreation and Historic Preservation, the Long Island State Park, Recreation and Historic Preservation Commission, their commissioners, officers, agents and employees are named as additional insured.						
CERTIFICATE HOLDER				CANCELLATION		
LONG ISLAND REGION N.Y.S. OFFICE OF PARKS RECREATION & HISTORIC PRESERVATION BELMONT LAKE STATE PARK P.O. BOX 247 BABYLON, NY 11702-0247				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
				AUTHORIZED REPRESENTATIVE		