



VILLAGE OF JOHNSON CITY

TENT-PORTABLE SHELTER
PERMIT APPLICATION
BUILDING PERMITS AND CODE ENFORCEMENT OFFICE
60 LESTER AVENUE
JOHNSON CITY, NY 13790
PHONE (607) 797-1021 FAX (607) 798-9553

Permit
No: _____

Date
Issued: _____

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: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

ADDITIONAL REQUIRED INFORMATION

Rental Company: _____
Contact Person: _____ Phone: _____
Address & Location of Shelter: _____
Use of Shelter: _____
Dates of Shelter Set up/Use From: _____ 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: _____ Fuel Type: _____
Natural gas, propane, solid fuel
___ Exit lights ___ General Lighting ___ Emergency Lighting
___ Fire Extinguishers: Number of: _____ Type ABC _____ Class K (for cooking)

Application Certification and Acknowledgement

I attest, understand and agree that any permit issued pursuant herein is on the express condition that all information provided above and attached is true and provisions of the New York State Fire Prevention and Building Code as well as all applicable Village Code of the Village of Johnson City and any and all amendments thereto shall apply and are complied with. No changes to this application or deviation of the subsequent approved Tent & Portable Shelter Permit shall be made without prior approval of the Village of Johnson City Code Enforcement Office.

Signature: _____ Date: _____
Print Name: _____

Proof of NYS Workers Compensation Insurance and Disability Benefits must be submitted.

Approved: _____ Date: _____