



UNIVERSITY FIRE MARSHALS

Stony Brook University
110 Suffolk Hall
Stony Brook, NY 11794
Telephone (631) 632-9678
Fax (631) 632-9683



TENT PERMIT

Provide The Following: Incomplete applications will not be reviewed.

1. *** Provide a detailed site plan including all tent locations and dimensions to all surrounding items within 20 feet of tent.
2. *** If more than 50 people are attending provide a detailed interior plan.
3. *** Provide a copy of all flame retardant certificates for all tents and associated fabrics to be used.

Special Requirements:

1. There is no cooking under the tents used for the event. Separate cooking tents may be allowed as per the Fire Marshal.
2. There is no smoking under the tent(s).
3. Provide free and clear egress from the tent, exits shall be marked and maintained as per ICC/NYS Fire Code.
4. Open flame devices shall not be allowed inside or within (20) feet of the tent.
5. All decorations used inside the tent shall be flame resistant material only.
6. Electrical wiring & equipment shall conform to NFPA 70.
7. Fire Extinguishers shall be hung in a visible and accessible location.
8. Exit Signs shall be provided in required locations.
9. Tent permits must be conspicuously posted and readily available for viewing.
10. All elevated Platforms used will require a NYS licensed PE stamp/seal approval.
11. Parties over 250 people **and/or when required by the fire marshal** shall be equipped with **trained** crowd/fire manager(s).

NUMBER OF PERSONS ATTENDING: _____ TYPE OF EVENT: _____

APPLICANT: _____ ADDRESS: _____

TENT COMPANY: _____ PHONE #: _____ FAX #: _____

LOCATION OF EVENT: _____

EVENT CONTACT PERSON: _____ PHONE #: _____

ADDRESS IF OTHER THAN EVENT LOCATION: _____

DATE(S) & APPROXIMATE TIME TENT(S) IS TO BE USED: _____

DATE(S) & APPROXIMATE TIME TENT(S) IS TO BE ERECTED: _____

DATE(S) & APPROXIMATE TIME TENT(S) IS TO BE REMOVED: _____

TENT(S) SIZES(S): _____ WILL THE TENT(S) HAVE SIDES? YES NO

*I the undersigned applicant have hereby read the conditions and understand that I am responsible to comply with all the regulations stated above.
Any false statement made herein is punishable as a misdemeanor, pursuant to section 210.45 of the New York State Penal Law.*

Print Full Name: _____ **Signature:** _____ **Date:** _____

OFFICIAL USE ONLY: No responsibility rests upon Stony Brook University or the Fire Marshal by issuance of this permit.

APPROVED: _____ DATE ISSUED: _____ DATE EXPIRED: _____

FIRE MARSHAL REQUIRED: _____ #OF FIRE MARSHALS NEEDED: _____

COMMENTS: _____

FIRE MARSHAL PRINT: _____ SIGNATURE: _____ DATE: _____