

Incorporated Village of Lawrence

196 Central Ave Lawrence NY 11559

516-239-3987

Fax 516-239-9657

Building Department

Building Application

Date: _____

Dept Use ONLY

Application # _____

Application Date _____

Filing Fee \$ _____

Section: _____ Block: _____ Lot: _____

Address: _____ Property Owner: _____

Tel. No.: _____ Email: _____

Company installing tent: _____

On site installer: _____ Cell #: _____

Address: _____

Tel. No.: _____ Email: _____

Event Date: _____ Begin Time: _____ End Time: _____

Installation Date: _____ Removal Date: _____

Submit TWO copies of property survey and indicate location of tent(s)

Tent application information

*Check one box only for tent use

Standing Chairs Only Tables & Chairs

*Depict on property survey tent location with tent dimensions

Maximum tent occupancy _____ (To be determined by Department of Buildings)

Number of exits provided _____ (Depict location(s) on survey)

Number of Fire Extinguisher provided _____ (Depict location(s) on survey)

Additional Tent Information

*Check all that apply

Is tent heated? YES NO

Is tent air-conditioned? YES NO

Will there be any cooking inside of the tent(s)? YES NO

How will the tent be secured? STAKED DOWN WEIGHTED DOWN

Nassau County Fire Marshalls approval provided? YES NO

Parking plan for Public Street submitted? YES NO

How will traffic control be provided? _____

How many days will the tent be in place? _____

ALL TENTS TO BE REMOVED WITHIN 72HOURS OF INSTALLATION

State of New York
County of Nassau
Village of Lawrence

Notary Signature & Stamp:

The undersigned (Print Name) _____ being duly sworn, says that the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premise and that all provisions of the applicable ZONING ORDINANCE, BUILDING ADMINISTRATIVE ORDINANCE, BUILDING CONSTRUCTION CODE AND ANY APPLICABLE FEDERAL, STATE AND COUNTY REQUIREMENTS pertaining to the proposed work shall be complied with, whether specified or not and that such work is authorized by the owner.

Sworn to before me this _____ day of _____ 20 _____

Signature of Owner, Owner's Agent, Architect, Contractor

ALL FEES ARE NON REFUNDABLE