



# Incorporated Village of Woodsburgh

30 Piermont Ave Hewlett NY 11557

516-295-1400 Buildingdepartment@woodsburghny.com

Tent Permit Fee- \$300 Permit is valid for twelve (12) days.

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

Address of Event: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Organization or Entity: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Reason of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_ Duration: \_\_\_\_\_

Number of anticipated attendees: \_\_\_\_\_ # of Tables: \_\_\_\_\_ # of Chairs: \_\_\_\_\_

Description of proposed outdoor loudspeakers, music, live or recorded including start time and duration:  
**Note: Music shall be played at a reasonable noise level as to not disturb neighbors and only until 11:00pm.**

Please Mark One: Standing Only \_\_\_\_\_ Chairs Only \_\_\_\_\_ Chairs & Tables \_\_\_\_\_

Will tent(s) have walls? \_\_\_\_\_

Size of Tent(s) in Sq Ft: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

Portable generator to be used?  Yes  No

Heater to be used?  Yes  No

Propane used/stored on site?  Yes  No

Will food be cooked and/or served:  Yes  No

Proposed food vender Name: \_\_\_\_\_ Tel: \_\_\_\_\_

(Proof of Nassau County Health Department Authority to provide food)

Tent Installer Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Installer's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Installation: \_\_\_\_\_ Date of Disassembly: \_\_\_\_\_

**\*\*You must provide a survey of the property with the location and sizes of tents, access openings, locations of fire extinguishers, generators, heaters, cooking equipment. Copy of fire resistant certificates for the tent material. Copy of Nassau County Fire Marshall Tent Permit.**

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved / Denied

Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_