	PERMIT #
	TOWN OF PUTNAMVALLEY
	TENT PERMIT APPLICATION
OWNER	T.M.#
MAILING ADDRESS	PHONE #
LOCATION OF	
PROPERTY	NEAREST INTERSECTION
ZONING	
DESCRIPTION OF CONSTRU	JCTION
I,	, do hereby agree that the NYS Building Code will be
complied with whether the same	, do hereby agree that the NYS Building Code will be e is specified or not; as well as the Sanitary Code, Plumbing Code and any
other Law, rule or regulation aff	fecting said structure of building. The Inspector shall have the right to
enter any premises during the da	aytime, at reasonable hours, in the course of his duty.
<u>All work shall be performed in accordance with the documents submitted and accepted as part of this application, unless changes to those documents have been approved by the Code Enforcement Officer responsible for enforcement of the code.</u>	
Copy of Fire Rating and/or Certificate for tent(s). (INTIAL)	
Temporary sanitary facilities must be supplied until permanent sanitary facilities are operational per Section 311 of the N.Y.S. Plumbing Code. A copy of the receipt for the portable sanitary facilities or a written acknowledgement from owner that the sanitary facilities are available for use in the existing structure during construction is being done under this permit. (INITIAL)	
DATE:	
	(Owner or Agent)
PUTNAM COUNTY CONTRACTOR'S NAME & LICENSE #	
approve same; subject to further	
	BUILDING AND ZONING INSPECTOR
PAID: Permit \$	

TOTAL \$_____

Rev.6/21/11