



Incorporated Village of Hewlett Neck

30 Piermont Ave Hewlett NY 11557

516-295-1400

HewlettNeckInspector@gmail.com

TENT APPLICATION

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 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 Nassau County Fire Marshall Tent Permit.**

Owner's Signature: _____ Date: _____

Applicant's Name: _____ Signature _____ Date: _____

Approved / Denied

Building Inspector: _____ Date: _____