



Tent Permit Application

PLEASE SUBMIT THE FOLLOWING

OFFICE USE ONLY

- Application
- TWO (2) sets of plans
- Flame spread ratings OR flame retardancy certification
- Workman's Compensation Insurance, Disability & Liability for all Contractors.

Fee: \$150.00

LOCATION OF TENT INSTALLATION

Address: _____

Property Owner:

Name: _____ Address: _____

Email: _____ Phone: _____

Tenant/Business (*if not property owner*):

Name: _____ Address: _____

Email: _____ Phone: _____

Contractor:

Name: _____ Address: _____

Email: _____ Phone: _____

Tent Purpose: _____

DATE OF INSTALLATION: _____

DATE/TIME TENT TO BE USED: _____

AMOUNT OF PEOPLE EXPECTED IN TENT AREA: _____



Tent Permit Application

#1 TENT/CANOPY/AWNING *(circle one)*

Size: _____ How Many: _____ Material: _____

#2 TENT/CANOPY/AWNING *(circle one)*

Size: _____ How Many: _____ Material: _____

WILL THE FOLLOWING BE PROVIDED?

Side Panels: ____ YES ____ NO

Cooking Equipment: ____ YES ____ NO

Electrical Lighting/Outlets: ____ YES ____ NO

Heating Equipment: ____ YES ____ NO

Dance Floor: ____ YES ____ NO

Band/DJ: ____ YES ____ NO

CONTACT PERSON: _____ **PHONE:** _____

FOR OFFICE USE ONLY

FIRE MARSHAL SIGNATURE: _____

COMMENTS: _____

INSPECTION DATE: _____ **PASS** ____ **FAIL** ____ **PERMITTED OCCUPANCY** _____