

## **PERMIT APPLICATION**

## TEMPORARY TENT (>400 Sq Ft)

Office Use Only:	

APPLICATION DATE		Permit #		
PROPERTY OWNER INFORMA	TION (where tent i	s to be placed):		
NAME:		PHONE (	PHONE (Cell/Home)	
INICTALLATION ADDRESS				
INSTALLATION ADDRESS				
TENT RENTAL COMPANY INFO				
NAME: PHONE (cell/office)		(cell/office)		
COMPANY ADDRESS				
TENT INFORMATION:				
DATE TENTS TO BE ERECTED: DATE TENTS TO BE TAKENDOWN		DOWN		
SIZE OF TENTS:				
1. LENGTH:	WIDTH:	HEIGHT:	OCCUPANTS:	
			OCCUPANTS:	
PROPOSED USE OF TENTS:				
THE FOLLOWING ARE PROPOS	SED TO BE PROVID	ED (check all that apply)		
Side panelsBack- Electric LightingFire E	up Generator	Emergency Lighting Fxit Signs	Heating Equipment	
THE FOLLOWING ARE REQUIR				
Site map or drawing sh structures.	owing the location	of tent on property and dista	ances to property lines and/or	
<ul> <li>Interior floor plan of te</li> <li>Flame Resistance Certification</li> </ul>	nt detailing layout	of seating, stages, exiting, he	eating and/or electrical equipment.	
Signature of Applicant Signature of Property Owner (if		nerty Owner (if different)		
Signature of Fisperity Owner (if different)			F, ( d)	