



TENT PERMIT APPLICATION

APPLICANT INFORMATION

Applicant : _____

Street Address : _____ Suite # : _____

City : _____ State : _____ Zip : _____

Phone Number : _____ Fax Number : _____

Contact Person : _____ Email Address: _____

EVENT INFORMATION

Event Name : _____

Event Address : _____ Suite # : _____

Event Dates: _____ Set Up Date: _____

Contact Person : _____ Phone Number : _____

TENT INFORMATION

Number of Tents : _____ Size of Tent(s) : _____

Are the tents enclosed? If yes, then a floor plan is required : _____

Location map attached : _____ Flame Spread Certificate attached : _____

CONTRACTOR INFORMATION

Name : _____

Street Address : _____ Suite # : _____

City : _____ State : _____ Zip : _____

Phone Number : _____ Fax Number : _____

Contact Person : _____

Email Address : _____ State Registration Number: _____

The Owner of this building or structure and the undersigned agree to conform to all of the applicable Codes and Ordinances of this Jurisdiction.

Signature of Applicant

Date