



County of Sonoma
PERMIT SONOMA FIRE PREVENTION DIVISION



FIRE PREVENTION - HAZARDOUS MATERIALS

Temporary Tent Application / Permit

A FEE WILL BE CHARGED FOR THIS APPLICATION / PERMIT

APPLICANT				<input type="checkbox"/> Invoice Other	
Name		Business Name			
Mailing Address		Phone		Cell	
City State Zip		e-mail			
TENT LOCATION					
<i>One application per set-up date</i>					
Address		Contact Name			
City State Zip		Contact Phone		Cell	
Set-Up Date	Set-Up Time	Removal Date		Daily Number of Participants	
				MINIMUM	MAXIMUM

Tent Information						
<i>Please answer the following information for review of application and site plan</i>						
Tent	Square Feet	Estimated Occupant Load	Anchorage Type	Number of Side Walls	MIN Number of Exits	Tables / Chairs / NONE / Catering / Cooking
#1						
#2						
#3						
#4						
#5						
#6						
#7						
#8						
#9						
#10						

2A Fire Extinguisher
1 for every 1000 sqft

Generator on-site
 Heating Provided

Exit Illumination Provided
 Exit Sign Provided

Anchorage Detail Provided

I declare under penalty of perjury, to the best of my knowledge and beliefs, the responses made herein are true and correct.

Applicant Signature:	Printed Name:	Date:
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***If Safety Provisions are not sufficient for the event, additional Safety Provisions may be required by County Fire. See back of form for further details.**

OFFICE USE ONLY BELOW THIS POINT			
Local Fire Agency	Local agency notified and conditions have been added (if any).	Public Safety Plan	Required
<input type="checkbox"/> Subject to the conditions noted on the Fire Inspection Form, permit is hereby approved. (Fire Inspection Form is attached)			
Inspector Signature:	Printed Name:	Date	
Permit Fee	Inspection Fee	Total Fee	Invoice #: