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| **Temporary Tent Application / Permit** |
| ***Note:*** *This Application / Permit is not valid until signed by a Fire Department representative.*  |
| **Please PRINT (ballpoint pen) or TYPE**  |
| **A FEE WILL BE CHARGED FOR THIS APPLICATION / PERMIT** |
| **APPLICANT**  |[ ]  **Invoice Other** |
| Name |       | Business Name |       |
| Mailing Address |       | Phone |       | Cell |       |
| City State Zip |       | e-mail |       |
| **TENT LOCATION**  | ***One application per set-up date*** |
| Address |       | Contact Name |       |
| City State Zip |       | Contact Phone |       | Cell |       |
| ***Set-Up Date***  | ***Set-Up Time*** | **Removal Date** | **Daily Number of Participants** |
|  |  |  | **MINIMUM** | **MAXIMUM** |
|       |       |       |       |       |

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| ***Tent Information*** |
| ***Please answer the following information for review of application and site plan*** |
| **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 |       |       |       |       |  |  |
| #6 |       |       |       |       |       |       |
| #7 |       |       |       |       |       |       |
| #8 |       |       |       |       |       |       |
| #9 |       |       |       |       |       |       |
| #10 |       |       |       |       |       |       |

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| --- | --- | --- | --- | --- | --- | --- |
| 2A Fire Extinguisher1 for every 1000 sqft |  |[ ]  Generator on-site |  |[ ]  Exit Illumination Provided |  |[ ]  Anchorage Detail Provided |
|  |  |[ ]  Heating Provided |  |[ ]  Exit Sign Provided |  |  |  |

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| ***I declare under penalty of perjury, to the best of my knowledge and beliefs, the responses made herein are true and correct.*** |
| ApplicantSignature: | PrintedName: | Date |  |

**\*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.

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| **OFFICE USE ONLY BELOW THIS POINT** |
| **Local Fire****Agency**  |  | *Local agency notified and conditions have been added (if any).*  | **Public Safety Plan** |  | Required |
|  |  |
| * + *Subject to the conditions noted on the Fire Inspection Form, permit is hereby approved. (Fire Inspection Form is attached)*
 |
| Inspector Signature:  | PrintedName: | Date |
| Permit Fee | Inspection Fee | Total Fee | Invoice #: |

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