|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  | |  |  | | | |  | | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***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 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2A Fire Extinguisher  1 for every 1000 sqft |  |  | Generator on-site |  |  | Exit Illumination Provided |  |  | Anchorage Detail Provided |
|  |  | Heating Provided |  |  | Exit Sign 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 |  |

**\*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 |
|  |  |
| * + *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 #: | | | |

S:\prevention\inspection\_forms\special event\2012 Special Event App\_Perm.doc White – File Canary – Post at Event 04/2016 sm