

TENT PERMIT APPLICATION -- TOWN OF WASHINGTON

PERMIT #: _____

STREET ADDRESS OF JOB: _____

PROPERTY OWNER: Last Name: _____ First Name: _____

Address: _____ Phone: _____

APPLICANT: Last Name: _____ First Name: _____

Address: _____ Phone: _____

BUILDER/CONTRACTOR INFORMATION: License or Registration Number & Class: _____
Name: _____

Address: _____ Expiration Date: _____

Phone: _____

NUMBER OF TENTS : _____ SIZE(S): _____

DATE OF INSTALLATION: _____ DATE OF REMOVAL: _____

CERTIFICATES OF FLAMABILITY MUST BE ATTACHED
ROUGH SITE PLAN SHOWING LOCATION OF TENT TO OTHER STRUCTURES MUST BE ATTACHED
SEPARATE PERMITS MUST BE PULLED IF THERE IS ELECTRICITY

**** PERMIT APPROVAL IS REQUIRED BEFORE ANY WORK BEGINS ****

I CERTIFY THAT I AM THE OWNER OR AUTHORIZED AGENT FOR THE OWNER. ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE OWNER OF THE ABOVE DESCRIBED PROPERTY AND WILL BE PERFORMED ACCORDING TO THE CONNECTICUT BASIC BUILDING CODE. AS THE APPLICANT, I UNDERSTAND THAT AN INSPECTION IS REQUIRED.

APPLICANT SIGNATURE: _____ DATE: _____

Construction value: \$ _____ Fee: \$ _____

FEE SCHEDULE: \$25 PER TENT

BUILDING DEPT. USE ONLY

APPLICATION IS: APPROVED: DENIED:

BLDG. OFFICIAL: _____ FIRE MARSHAL: _____ DATE: _____

REQUIREMENTS: Insurance Proof (WC) _____ Certificates of Flamability _____ Site Plan _____

LOCATION OF JOB: MAP _____ BLOCK _____ LOT _____

CHECK #: _____ AMT: _____ FEE PAID BY: _____