

MAP _____ BLOCK _____ LOT _____

PERMIT#: _____

APPLICATION FOR TENT PERMIT - TOWN OF WASHINGTON

STREET ADDRESS OF TENT: _____

 PROPERTY OWNER: Last Name: _____ First Name: _____
 Address: _____ Phone: _____
TENT INSTALLER INFORMATION:
 Name: _____ Phone: _____
 Address: _____ Email: _____

Would you like to receive an electronic copy of your permit? ☐ Y ☐ N

ATTACHMENTS: ☐ Flame Certificates ☐ Site Plan ☐ Floor Plan ☐ Ballast Worksheet
ADDITIONAL INFORMATION:

Number of Tents: _____ Dimensions: _____

Date of Installation: _____ Proposed Inspection Date: _____ Date of Removal: _____

What is the proposed use of the tent(s)? _____

☐ Open to the Public? OR ☐ Private Use?

 Will the tent(s) have sides? ☐ Y ☐ N Will the tent(s) be used at night? ☐ Y ☐ N

 Will the tent(s) have power? ☐ Y ☐ N If yes, how will it be provided? _____

What is the anticipated number of occupants? _____ Hours of occupancy: _____

 Will there be any food preparation, heating/cooking in or near the tent(s)? ☐ Y ☐ N

If yes, please provide details: _____

**** PERMIT APPROVAL IS REQUIRED BEFORE TENT INSTALLATION ****

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 CHAPTER 31 OF THE 2022 CONNECTICUT STATE BUILDING AND FIRE SAFETY CODES. AS APPLICANT, I UNDERSTAND THAT A FINAL INSPECTION IS REQUIRED.

APPLICANT SIGNATURE: _____ DATE: _____

FEE SCHEDULE: \$25 PER TENT

Fee: \$ _____

Note: Tents or temporary membrane structures which require review for compliance with alternate portions of the code must complete a regular building permit application, including all applicable fees and conditions.
BUILDING DEPARTMENT/FIRE MARSHAL'S OFFICE USE ONLY
 APPLICATION IS: ☐ APPROVED ☐ DENIED

COMMENTS: _____

 Permit fee waived at discretion of the First Selectman.
 (SIGN & DATE):

BUILDING OFFICIAL: _____ DATE: _____

FIRE OFFICIAL: _____ DATE: _____

REVISED 8/2023