**Temporary Tent/Membrane Structure Permit Application**

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tent Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WS/FC Inspections Division Zoning Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Size of tent to be installed (feet X feet) \_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_sq .feet

Size of tent to be installed (feet X feet) \_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_sq feet

**The following documentation shall be submitted a minimum of 48 hours prior to the scheduled installation of the tent/membrane structure**:

* Detailed site plan of location of tent/membrane structure on property: NCFC 2403.6
* Detailed floor plan for tents/membrane structure with an occupant load of **50** or more: NCFC 2403.6
* Current flame certificates for sections of tent/membrane structure to be installed: NCFC 2404.4
* Location and size(s) of fire extinguishers required within the tent/membrane structure: NCFC 2402.12

**Fee Schedule**

The fee for the temporary tent/membrane structure permit is $50.00. Cash or check accepted. Checks made payable to: **FORSYTH COUNTY FIRE DEPARTMENT**

Tents/membrane structures installed without a valid permit or failure of permit inspection will incur a civil penalty and re-inspection fee.

**Other Information**

Plans are reviewed on a first-come, first-serve basis. For your convenience, a check list for minimum requirements that will be inspected are included in this application.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only**

Plans submitted Y or N Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of event/install \_\_\_\_\_\_\_\_\_\_

Plans Approved Y or N Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit #\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash: \_\_\_\_\_\_\_\_ Check #:\_\_\_\_\_\_\_\_\_ 5/10

Revised 7/16