

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:** _____