

TENT (TEMPORARY STRUCTURE) PERMIT DEPARTMENT OF BUILDING & ZONING

955 State Road Aquinnah, MA 02535

	Permit # After hours/weekend	Fee \$150 and holiday inspections require	additional \$75.00 fee	
EVENT ADDRESS:		MAP	PARCEL	
PROPERTY OWNER:				
	NAME	TEL.#		
TENT COMPANY:				
ADDRESS:	CONTEA	CT NUMBER		
	CONTA	CI NUMBER:	<u> </u>	
TEMPORARY TENT	TO BE PLACED			
Total number of				
tents on site:	Event Date:	Date Up:	Date Down:	
Tent /Size:	_ Sides: Open or Closed	Tent /Size:	Sides: Open or Closed	
Tent /Size:	_ Sides: Open or Closed	Tent /Size:	Sides: Open or Closed	
Occupants in tent not to exceed#		DATE OF INSPI	DATE OF INSPECTION:	
appliances are used, thi	ing only is used, electrical inspects will require a licensed electricities and must be inspected.			
APPLICANT MUST	PROVIDE			
_	emergency lighting and exit sig	ns		
Fire certificates				
Map showing 1 For tents open or class	ocation of tents ed being used for cooking, plea	aca provida:		
-	i fire extinguisher (one ten pound	•	1 exit signs	
	nces being used for cooking:	•	•	
• No open flame	allowed under tent without prior	r approval		
******Minimum Ser	paration Distance 20 feet****	**		
Propane YesNo_	Number of tanksSize of	of tanks(A Gas Permit	needs to be applied for)	
Applicant's Signature:		Date:		
Approved By:	ng Department			
Buildi	ng Department	Date		

****ALL TENTS BEING USED AS COOKING SHELTER OR ARE OVER 400 Sq. Ft. MUST BE INSPECTED****