

APPLICATION FOR TENT PERMIT

Each application must have a site plan showing the location of the project, or picture indicating accurate relevant dimension. All permits are issued to the applicant unless otherwise specified

PLANNING DEPARTMENT
 100 S Market St. Troy, OH 45373
 Phone (937)339-9481, Fax (937)339-93
www.troyohio.gov



| | | | | | | | |
|--|--|------------------------------|--|--|-------------|------------------------------------|--|
| 1 LOCATION OF PROJECT | | Project Address | | Subdivision | | Lot No(s) | |
| | | Type of structure | | | | | |
| 2 REQD INFO | | Names (Please <u>Print</u>) | | Mailing Addresses – Street, City, Zip Code | | Phone (Day time) | |
| APPLICANT | | | | | | | |
| CONTRACTOR | | | | | | | |
| PROPERTY OWNER | | | | | | | |
| 3 | | # of Tents | | 4 | | Size(s) of tent(s) | |
| 5 | | Total sq ft of each tent | | 6 | | Up date of tent(s) | |
| | | | | | | 7 | |
| | | | | | | Down date of tent(s) | |
| 8 | | Proposed Use of Tent | | 9 | | Will there be cooking in the tent? | |
| | | | | | | Yes No | |
| | | | | | | 10 | |
| | | | | | | Will there be smoking in the tent? | |
| | | | | | | Yes No | |
| 9 SIGN YOUR FULL NAME | | | | | | OFFICE USE ONLY | |
| By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to conform to all applicable laws of the City. Signing this application allows a representative to enter said property for inspection purposes. Signature of applicant _____ Date: _____ Fax No. _____ | | | | | | | |
| | | | | | | TYPE OF WORK | |
| | | TENT FEE | | 50.00 | | | |
| | | TTL AMT DUE | | | | | |
| | | TTL AMT PAID | | | | | |
| | | | | Date: | Receipt No. | | |
| APPROVAL CONTINGENT UPON THE FOLLOWING: | | | | | | | |
| PERMIT ISSUED BY: | | | | | | NOTES: | |
| • REFER TO PERMIT NO: | | • DATE: | | | | | |