

# APPLICATION FOR TENT PERMIT

CITY OF SALINE, MI. 100 N. Harris St., Saline MI 48176-1642; Phone: 734-429-8296 ext 2223 Fax: 734-429-5280

**PERMIT USED FOR:** TEMPORARY INSTALLATION OF TENT FOR AUTHORIZED COMMERCIAL OR OTHER USE

**Site Address** where tent is to be installed: \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ Application Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Tent Company/Installer Name:** \_\_\_\_\_

Company/Installer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Applicant:** Name of person making the application: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Event Host:** Name of person(s)/group hosting event: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

**Dates:** Tent to be installed on \_\_\_\_\_; Tent to be removed on \_\_\_\_\_

## DESCRIBE IN DETAIL:

- Type of tent structure to be installed: \_\_\_\_\_
- Tent dimensions: Length \_\_\_\_\_ feet; Width \_\_\_\_\_ feet; Height \_\_\_\_\_ feet
- For Zoning Review: Applicant shall submit an **8 ½ X 11 layout plan** to show tent location on the property, and measurements to buildings, drives, parking areas, and property lines.
- Proposed purpose for tent use: \_\_\_\_\_
- Items to be placed/used in the tent use: \_\_\_\_\_
- Number, types, and locations for any proposed signs related to the event/activity: Applicant shall show signs on layout plan and obtain Temporary Sign Permits

## COMPUTATION OF TENT PERMIT FEES:

- Application/Zoning Compliance Review & Inspection Fee: (\$75.00) \$ \_\_\_\_\_
- Fire Safety Inspection Fee: (\$50.00) \$ \_\_\_\_\_
- Temporary Occupancy Certificate Fee: (\$50.00) \$ \_\_\_\_\_
- Electrical Service Permit Fee: (see electrical permit form) \$ \_\_\_\_\_

**PERMIT TOTAL:** \$ \_\_\_\_\_

BUILDING CODE REFERENCES: Section 2702.2.9; Section 3103

ZONING CODE REFERENCES: Section 5.04(3); Section 8.02(3);

Signature of Owner: \_\_\_\_\_ Application Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_