

**TEMPORARY TENTS / CANOPIES / STRUCTURES**  
**BUILDING PERMIT APPLICATION**

WORK DESCRIPTION: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

WILL THERE BE ELECTRICAL FOR THE EVENT? (Circle One): YES NO

NAME OF EVENT: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_

DATE(S) OF SET-UP: \_\_\_\_\_ DATE(S) OF REMOVAL: \_\_\_\_\_

STREET ADDRESS OF EVENT: \_\_\_\_\_

CITY/TOWNSHIP: \_\_\_\_\_ EST COST: \_\_\_\_\_

ZONING PERMIT #: \_\_\_\_\_ FIRE DEPT. COMMENTS DATE RECEIVED: \_\_\_\_\_

GENERAL CONTRACTOR: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

All submittals must include FOUR (4) copies of detailed drawing of the structure(s); the layout, location, separation from other structures, purpose (e.g., retail use, public assembly). Flammability certification(s) for the fabric/membrane of the temporary structure/s. Detailed Plans including the following: (minimum plan size is 8½-x 11-inches) overall site plan showing entire site and locations of all permanent and temporary structures. Plan view indicating location of furniture (tables, chairs, stages, etc.) or related items. Uses within all temporary structures (assembly, cooking, etc.). Locations of all fire extinguishers. Locations and dimensions of all required aisles and exits. Locations, sizes, and types of any flammable/combustible liquid/gas tanks and piping. Locations and types of any/all heating equipment. Locations and types of all electrical equipment.

*The proposed work must be done in accordance with approved plans, specifications, codes, and standards. Separate permits which may be required for the proposed project include: electrical, HVAC, gas piping, etc. Plumbing Permits must be obtained from the Lake County General Health District, 33 Mill Street, Painesville Tel: 440-350-2543.*

*It is the duty of the General Contractor to insure that all required inspections are scheduled and all work installed has been approved by the Lake County Building Department prior to proceeding to the next phase of construction. The General Contractor is responsible to obtain a Final inspection at the completion of the project.*

*I hereby certify that I have read and examined this application and that all information is true, accurate, and complete. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I authorize the Lake County Building Department to enter this property for the purpose of site inspections for the duration of this project.*

GENERAL CONTRACTOR/OWNER SIGNATURE: \_\_\_\_\_

GENERAL CONTRACTOR/OWNER PRINTED NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

**ALL FEES ARE NONREFUNDABLE**

**OFFICE USE ONLY**

PLANS APPROVED BY: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_ SQ FTG: \_\_\_\_\_

APPLICANT NOTIFIED: \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_ LOG NUMBER: \_\_\_\_\_