

PHONE (860) 693-7854	TOWN OF CANTON, CT	P.O. BOX 168
FAX (860) 693-7884	TENT PERMIT APPLICATION	COLLINSVILLE, CT 06022

PROPERTY ADDRESS _____

EST. COST OF JOB _____ COST OF PERMIT _____ CASH/CHECK# _____ BLANKET FEE

OWNER	CONTRACTOR
ADDRESS	ADDRESS
TOWN ZIP	TOWN ZIP
HOME PHONE # WORK PHONE #	LICENSE # WORK PHONE #
EMAIL:	EMAIL:

NUMBER OF TENTS TO BE ASSEMBLED _____ SIZE OF TENT (S) _____

DATE OF ASSEMBLY _____ DATE OF DISASSEMBLY _____

ELECTRICITY Y N HEATING Y N SIDE WALLS Y N COOKING Y N

CAPACITY: UNCONCENTRATED (TABLES AND CHAIRS) @ 15SF/FLOOR AREA =

CAPACITY: CONCENTRATED (CHAIRS ONLY) @ 7SF/FLOOR AREA =

SUBMIT PRODUCT DATA THAT DESCRIBES FIRE RATING OF FABRIC MATERIAL

INSPECTION OF COMPLETE INSTALLATION REQUIRED PRIOR TO USE

****AFFIDAVIT AND AGREEMENT****

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY WHICH IS THE SUBJECT OF THIS APPLICATION OR THE AUTHORIZED AGENT OF THE PROPERTY OWNER; I AGREE TO CALL AT LEAST 24 HRS. IN ADVANCE FOR EACH INSPECTION INDICATED ON THIS PERMIT; I AGREE TO UNCOVER AND EXPOSE ANY WORK WHICH IS COVERED OR CONCEALED WITHOUT INSPECTOR'S APPROVAL; I UNDERSTAND THAT WHEN A PERMIT IS ISSUED, IT IS A PERMIT TO PROCEED AND GRANTS NO RIGHTS TO VIOLATE ANY CODE, ORDINANCE OR STATUTE, REGARDLESS OF WHAT MAY BE SHOWN OR OMITTED ON THE SUBMITTED PLANS AND SPECIFICATIONS REGARDLESS OF ANY AGREEMENT WITH ANY OFFICIAL.

I HAVE READ AND AGREE TO ALL THE ABOVE

SIGNATURE: _____ **DATE:** _____

** OTHER APPROVALS OR PERMITS REQUIRED **			
<input type="checkbox"/> FIRE MARSHAL _____	<input type="checkbox"/> FVHD _____	<input type="checkbox"/> DRIVEWAY _____	<input type="checkbox"/> WPCA _____
<input type="checkbox"/> ZONING _____	<input type="checkbox"/> WETLANDS _____	<input type="checkbox"/> FLOOD _____	<input type="checkbox"/> TAX _____

**** THIS PERMIT IS NOT VALID UNTIL SIGNED BY THE BUILDING OFFICIAL ****

PERMIT # _____ DATE ISSUED _____ DATE CLOSED _____

BUILDING OFFICIAL COMMENTS _____

BUILDING OFFICIAL SIGNATURE _____