TOWN OF DOVER

BUREAU OF FIRE PREVENTION

37 N SUSSEX ST. / P.O. BOX 389
DOVER, NJ 07802-0389
MAIN: 973-366-3260 / FAX: 973-366-9033

6/08

PERMIT APPLICATION - Tents and temporary tensioned membrane structures

DATE: _____ **TYPE: 1** **FEE: $60.00**
PAYMENT BY CHECK OR MONEY ORDER ONLY

APPLICANT: _____

ADDRESS: _____

PHONE NO.: **BUSINESS:** _____ **HOME:** _____

REASON/PURPOSE FOR TENT: _____

LOCATION FOR TENT: _____

TENT PROVIDER NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

TENT (S) DIMENSIONS: _____

TYPE: OPEN SIDES -- _____ **CLOSED SIDES --** _____

USE DATES AND TIMES: _____

SET UP DATE AND TIME: _____

APPLICANT MUST PROVIDE THE FOLLOWING WITH THIS APPLICATION:

1. **SITE PLAN OF THE PROPERTY SHOWING THE TENT AND DISTANCES FROM PROPERTY LINES, BUILDINGS ETC. TO SCALE.**
2. **DIAGRAM WITH THE SEATING ARRANGEMENT,EXIT LOCATIONS,EXPECTED OCCUPANT LOAD, FIRE EXTINGUISHERS.**
3. **COPY OF FLAME RESISTANCE RATING CERTIFICATE FOR EACH SECTION OF TENT OR STRUCTURE.**
4. **ANY TEMPORARY ELECTRICAL SUPPLIES MAY REQUIRE A BUILDING DEPARTMENT ELECTRICAL PERMIT AND INSPECTION (973-366-3260).**
5. **INDICATE IF ANY COOKING/OPEN FLAME OR TEMPORARY HEATING DEVICES WILL BE USED. PROVIDE DETAILED INFORMATION AS TO TYPE, FUEL,ETC.** _____ _____

SUBMIT APPLICATION AT LEAST 14 DAYS PRIOR TO THE EVENT TO ALLOW TIME FOR REVIEW AND PROCESSING.

I hereby acknowledge that I have read this application and that the information given is correct, and that I am the owner, or duly authorized to act in the owners behalf, and as such agree to comply with all applicable requirements of the N.J. Uniform Fire Code.

SIGNED: _____ **TITLE:** _____