TENT INSTALLATION PERMIT APPLICATION/INSPECTION FORM

SECTION A:

1. Sponsor: ________________________________
   Address: ________________________________
   Phone: ________________________________

2. Applicant: ________________________________
   Address: ________________________________
   Phone: ________________________________

3. Installation Address:
   District: ____________________________
   TMK: ________

4. Date(s) of Use: ___________________________ to ___________________________
   Hours of Use: ___________________________ to ___________________________

5. Tent Owner:
   Installation By: ________________________________
   Installation Date: ________________________________

Remarks: __________________________________________

Certificate of Flame-retardant Treatment attached? (Yes or No)

Guidelines given to applicant? (Yes or No)

I hereby acknowledge that I have read this application and guidelines and state the above is correct and agree to comply with the guidelines set forth and the plans submitted, City and County ordinances and State laws regulating such installations.

Signature (Owner or Agent): ____________________________ Print Name: ____________________________

SECTION B:

ON SITE INSPECTION

1. Location
   A. Stake Lines
   B. Stake Barrier
   C. % Land Area
   D. Fire Road

2. Exits
   A. Number / Location
   B. Clear / Unobstructed
   C. Widths
   D. Lighting
   E. Signs, Direction

3. Flameproofing

4. General
   A. Housekeeping
   B. Flammables
   C. Fire Protection
   D. No Smoking Signs
   E. Heating Appliances
   F. Elec. Cables
   G. Motor Vehicle

5. Emergency Procedures

Remarks: ________________________________

Inspection Date: ___________________________
Disposition: ___________________________
Inspector: ___________________________