

**Town of St. Pauls**

210 W Blue St

St. Pauls, NC 28384

PHONE #: 910-865-5165

FAX #: 910-865-3849

**TENT OR AIR SUPPORTED STRUCTURE PERMIT APPLICATION**

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| **CONTRACTOR REQUESTING PERMIT**  NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFICE PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_  ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **EVENT INFORMATION**  DATE OF EVENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME EVENT STARTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_  DESCRIPTION OF EVENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LOCATION/ADDRESS OF EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date/Time Ready for Inspection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time to be removed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Please be aware that any inspections requested outside of normal business hours may require an additional after hour’s inspection charge.* |

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| **Circle all that Apply**  **Occupancy Type:** Assembly Business Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Occupancy Load/Capacity** \_\_\_\_\_\_  **Tent Information (if applicable)**  **\*Does the tent/s have?** Heating Equipment Seating Electrical Service Cooking Equipment Contain: Hay Straw Wood shavings Other combustible material \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\*Are the tent/s and contents flame resistant and self extinguishing**? Yes No  **\*Are the tent/s adequately guyed, staked, and/or fastened to withstand a wind pressure of not less than 20lbs per square foot of projected area?** Yes No  **\*Does the tent occupy more than 75% of the premises that it is located on?** Yes No  ***Please note that a site layout must be provided showing dimensions, location of tent/s or air supported structures, and a parking layout. A floor plan must also be provided for tents showing dimensions, layout, fire extinguishers, and exits.*** |

**The undersigned hereby makes application for a permit and the inspection of all work described above and hereby agrees to comply with all building regulations and other laws applicable to the use and type of construction of the building referred herein.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***FOR OFFICE USE BELOW THIS LINE*** | | | |
| Approved by:\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Permit # \_\_\_\_\_\_\_\_\_\_\_ |