Town of Hancock Tent Permit Application

Required for tents 400sq ft and over (20x20 and up)

Fee: $50.00 Permit #: ___________________ -TENT
Paid Date: ____________________________
Paid Sales Receipt #: ____________________

Map & Lot #: __________________________

The undersigned, property owner or authorized representative of property owner:

Applicant Name: __________________________
Address: ________________________________
Phone: __________________ Email: ____________
Location of event (# & street): ______________________________

_______ I am the owner of the property _________ I am the authorized agent

Applicant Signature: __________________________

Tent Size Square Feet - Dimensions: ________________________ 50+ Requires Place of Assembly Inspection

Occupancy Load of Tent: ____________________________

Date of Tent Erection: ____________________________
Date(s) of Tent Event: ____________________________

Description of event or tent use: ____________________________

Are you renting the tent (CIRCLE): ________ Yes ________ or ________ No ________

Tent Rental Company Name: ____________________________
Rental Contact Name: ________________________________
Phone: _______________ Email address: __________________

FOR DEPARTMENT USE ONLY to be completed by inspector

Required Documents: insert check mark or N/A

____ Certificate of Flame proofing or labeling on tent
____ Occupancy/Use Group Classification of tent, IBC (3103.1) NFPA 101 (11.11.2.1) & 102 (8.1.2)
____ Structural / Construction Documents, IBC (3102.2); NFPA 102(8.2)
____ Anchoring Type, Stakes and or Ballast, Load documentation required for over 300 occupants
____ Seating Plan for Assembly permit for 50 or more occupants (Fire Chief)
____ Emergency Evacuation Plan
____ Required Fire Extinguishers, No Smoking Signs, Exit Signs or Emergency Lighting
____ Place of Assembly Permit from Fire Department

_______ Approved _________ Denied

Building Inspector or Designee (Fire Chief) PRINT: ____________________________
Signature: ____________________________ Date: ____________________________

Reason for Denial: ____________________________