

Sanbornton Fire & Rescue



Fire Chief Paul D. Dexter Jr. 565 Sanborn Rd./P.O. Box 112 Sanbornton, NH 03269 Phone (603) 286-4819 Fax (603 286-4023



Tent Permit Application

Required for tents 600sq ft and over (20X30 and Up)

Application is hereby made in accordance with the provisions of all applicable NFPA codes and the NH State Fire Prevention Code, and regulations made under authority thereof by the undersigned for a permit to erect a tent, for the person or persons and at the location named herein. Application fee to be paid prior to erection and at the time of permit application.	
NAME (Owner):	······
MAILING ADDRESS:	EMAIL:
EVENT SITE ADDRESS:	
CONTACT PHONE NUMBER:	
INSTALLED BY (If rented)	
BUSINESS NAME:	
BUSINESS ADDRESS:	EMAIL:
BUSINESS PHONE:	INSTALLER PHONE:
SIZE OF TENT (in square feet):	DATE OF ERECTION: DATE(s) OF EVENT:
OCCUPANCY LOAD OF TENT(s):	(50+ PERSONS REQUIRES "PLACE OF ASSEMBLY INSPECTION")
Permit Inspection Fees: • Tent(s) 600 square feet and greated by the set of	ıter (20'X30') – \$50.00
	eas of 50 persons and up to 100 persons occupant load - \$30.00 as of 100 persons and greater occupant load - \$60.00
SIGNATURE OF APPLICANT: X	DATE:
This application is made with full knowled	ge of the current regulations governing such installations, which will be made

in compliance therewith. By affixing my signature to this permit application, I agree that all work done by myself or others under my supervision shall be completed in compliance to all applicable code(s) and manufacture's installation instructions.

REQUIRED DOCUMENTATION: 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 of 50 or more occupants
- _____ Emergency Evacuation Plan
- Required Fire Extinguishers, No Smoking Signs, Exit Signs or Emergency lighting

A COPY OF THIS PERMIT MUST BE POSTED AT THE WORK SITE PRIOR TO BEGINNING THE INSTALLATION OF ANY APPLIANCE. INSPECTIONS ARE REQUIRED ONCE INSTALLATION IS COMPLETE AND AN INSTALLATION **REPRESENTATIVE MUST BE PRESENT DURING ALL INSPECTIONS. COORDINATION WITH OTHER TRADES** MAY BE REQUIRED.

(Official Use Only)

When signed below by the fire chief or designee of the fire department this application may be used as a TEMPORARY PERMIT authorizing the installation of the above equipment.

PERMIT NUMBER: _____

SIGNATURE OF FIRE CHIEF OR DESIGNEE: DATE:

The installer must contact the Sanbornton Fire Department at (603) 286-4819 to schedule the Final Inspection of the installation with a minimum 24 hour notice.

PERMISSION IS HEREBY GRANTED TO ERECT AND OCCUPY THE ABOVE TENT DESCRIBED WHICH HAS BEEN INSPECTED AND FOUND TO BE IN COMPLIANCE WITH NFPA CODE AND NH STATE FIRE PREVENTION CODE

DATE:

SIGNATURE: _____