



# VERMONT DEPARTMENT OF PUBLIC SAFETY DIVISION OF FIRE SAFETY

Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team

[www.firesafety.vermont.gov](http://www.firesafety.vermont.gov)



## TENT PERMIT APPLICATION

Have you consulted with a Fire Marshal regarding this project? No Yes/Name \_\_\_\_\_

**All sections are required to be filled out completely and shall be typed or printed legibly**

### Section A - Tent Site Location and Vendor Information

Building Name or Site Name \_\_\_\_\_

Building Address \_\_\_\_\_  
911 Number / Street City State Zip

Tent Vendor \_\_\_\_\_

Address \_\_\_\_\_  
Mailing Address City State Zip

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Onsite Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### Section B - Applicant Information

Company \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_  
Mailing Address City State Zip

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Section C - Occupancy/ Use of Tent

Assembly Mercantile Storage Other:

Type of Event: \_\_\_\_\_ How many days is event running: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Date & time ready for inspection: \_\_\_\_\_

#### Tent Information

Single or Multiple Sites \_\_\_\_\_ Tent square footage: \_\_\_\_\_

Number of exits: \_\_\_\_\_ Occupant Load: \_\_\_\_\_ Tent fabric fire resistant: Y / N Date: \_\_\_\_\_

Tent occupied in hours of darkness: Y / N Year tent manufactured: \_\_\_\_\_

Location of nearest building (10' min.) \_\_\_\_\_ 20' fire lane maintained: Y / N

Site plan drawn to scale: Y / N Fire Extinguishers: Y / N

Exit signs & emergency lights: Y / N Electrical power provided: Y / N

Emergency Plan: Y / N Weather monitoring: Y / N Type: \_\_\_\_\_

Heating Appliances: Y / N If Yes, fuel type and location \_\_\_\_\_

Cooking Appliances: Y / N If Yes, fuel type and location \_\_\_\_\_

LP Gas Cylinders are at least 5' from tent: Y / N N/A

Arrangement of seating:  Chairs  Tables & Chairs  Bleachers  None

**This section for office use only**

Structure ID \_\_\_\_\_ Work Item ID \_\_\_\_\_ Received Date \_\_\_\_\_ Reviewer \_\_\_\_\_

Check From \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \_\_\_\_\_ Event ID \_\_\_\_\_ Date Permitted \_\_\_\_\_

### Section D - Description / Scope of work

Please provide a description of the work being performed. Attach additional pages as necessary.

\*\*A site plan must be submitted for tents that are less than 20' from building or other tent.\*\*

\*\*A Master Electrician must obtain an electrical work notice prior to installation of any electrical wiring.\*\*

### Section E - Project Valuation and Fee calculations

The Permit Fee is based on the total valuation of tent and other equipment rented, as associated with the event.

For projects involving volunteer labor and donated material, the valuation of construction work is based on the value of the volunteer labor as well as the donated materials when calculating the permit fee.

	<b>TOTAL PROJECT VALUATION</b>	\$
Fee is \$8.00 per \$1000 of total project valuation Calculate fee by multiplying TOTAL PROJECT VALUATION by 0.008	X	0.008
<b>There is a \$50 Minimum Fee</b> This line is for the fee as calculated or \$50 whichever is greater.		\$
<b>*** Please make all checks payable to the Department of Public Safety ***</b>		

### Section F - Permits Required

#### When are tent permits required?

Tents must be permitted when a tent exceeds **1,200 square feet** in area.

EXAMPLE: Tents used at weddings, graduations, anniversaries, etc. occurring at public locations, such as a restaurant must have a permit when the tent is larger than 1,200 square feet

EXAMPLE: Tents at a **private residence** (regardless of size) where people are attending a private function, without paying admission, are exempt from permitting.

Permits shall be filed 30 days prior of the event date. **Permit for the tent/s is valid for the specified dates only.**

### General Information

I hereby attest by my signature under 13 V.S.A. 3016 (filing a false claim with a Department or Agency of the State) that I am the owner, or owner's designated representative and that the information contained within this form is correct and accurate to the best of my knowledge:

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return this completed form with all required fees, plans, and supplemental information to the appropriate Regional Office

<b>Waterbury Regional Office</b> 45 State Drive Waterbury, VT 05671-8200 Phone: (802) 479-4434	<b>Rutland Regional Office</b> 56 Howe St, Bldg A, Ste 200 Rutland, VT 05701 Phone: (802) 786-5867	<b>Springfield Regional Office</b> 100 Mineral St, Ste 307 Springfield, VT 05156 Phone: (802) 216-0500	<b>Williston Regional Office</b> 380 Hurricane Lane, Ste 101 Williston, VT 05495 Phone: (802) 879-2300
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