



TOWN OF EGREMONT
Office of the Building Commissioner
P.O. Box 368
South Egremont, MA 01258-0368
Telephone 413 528-0182 ext. 13 Fax 413 528-5465

APPLICATION FOR A TENT/TEMPORARY STRUCTURE PERMIT

**NO TENT OR TEMPORARY STRUCTURE SHALL BE ERECTED UNTIL A
PERMIT IS GRANTED**

The undersigned hereby applies for a permit to erect a tent in accordance with the provisions relating hereto.

Application Date: _____

Application Made By: _____

Applicant's Address: _____

City, State, Zip: _____

Telephone Number: _____

Property Owner's Name: _____

Property Owner's Address _____

Signature of property owner indicating consent _____

Date: _____

Location where tent permit is to be used: _____

Date(s) Tent/Temporary Structure will be put up: _____

An affidavit shall be submitted to the code official and a copy retained on the premises on which the tent or air-supported structure is located. The affidavit shall attest to the following information relative to the flame resistance of the fabric.

1. Names and addresses of the owners of the tent or air-supported structure.
2. Date the fabric was last treated with flame-resistant solution.
3. Trade name or kind of chemical used in treatment.
4. Name of person or firm treating the material.
5. Name of testing agency and test standard by which the fabric was tested.

Total Area of Requested Tent _____ Sq. ft. Height: _____ Width: _____ Length _____

Type of Illumination (if applicable, check one)

_____ Internal

_____ External

_____ None

_____ Other – Please specify _____

Setbacks – footage from tent to edge of roadway _____ Rear Property Line: _____

Facing property from road: Side property line (Left) _____ (Right Side) _____

I hereby certify that the dimensions and other information on the plans are correct and that all applicable provisions of the Statutes, Regulations and By-laws will be complied with. The above is subscribed to and executed by me under the penalties of perjury in accordance with Section 1-A of Chapter 268 of the General Laws.

Applicant's Signature _____

Date: _____