

PERMIT NO.

ADDRESS

DATE ISSUED



CITY OF
**CLEVELAND
HEIGHTS** 
BUILDING DEPARTMENT
40 SEVERANCE CIRCLE
CLEVELAND HEIGHTS, OHIO 44118
(216)291-4900/291-4421-FAX



TENT APPLICATION

FEE: \$20.00-RESIDENTIAL / \$20.60-COMMERCIAL

TENT to be erected at: _____

Owner of property Name: _____

Address of Owner: _____ Telephone Number: _____

Describe fully the construction of the tent:

WIDTH _____ LENGTH _____

CERTIFICATE OF FLAME RESISTANCE / REGISTERED FABRIC NUMBER MUST BE ATTACHED TO APPLICATION ALONG WITH A SITE PLAN OF THE PROPERTY.

TENT TO BE ERECTED ON _____
(DATE)

TENT TO BE REMOVED ON _____
(DATE)

NAME OF INSURANCE COMPANY: _____

NAME OF COMPANY ERECTING TENT: _____

ADDRESS: _____
(CITY) (STATE) (ZIP) (TELEPHONE)

SIGNATURE OF APPLICANT: _____ /
PRINT NAME

NOTE: ANY PERMIT GRANTED AS A RESULT OF THE STATEMENTS MADE ON THIS APPLICATION WILL BECOME VOID IF IT IS FOUND THAT THESE STATEMENTS ARE NOT TRUE. ENCLOSURE A SELF-ADDRESSED STAMPED ENVELOPE WHEN APPLYING BY MAIL. APPLICATION MUST BE IN THIS OFFICE AT LEAST 5 WORKING DAYS PRIOR TO THE DATE OF ERECTING TENT, FOR APPROVALS.

APPROVED BY:

FEE PAID: \$ _____ (CHECK # _____ /CASH)

DATE RECEIVED: