

DATE ISSUED

PERMIT NO.

ADDRESS



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. ENCLOSE 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:

\_\_\_\_\_  
BUILDING COMMISSIONER/CBO

\_\_\_\_\_  
FIRE WARDEN

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

DATE RECEIVED: \_\_\_\_\_