



# TENT/CANOPY PERMIT APPLICATION

## Fire Marshal's Office

70 W. Hedding Street East Wing, 7th Fl., San Jose CA 95110-1705

Phone (408) 299-5760

Website: <http://firemarshal.sccgov.org>

The following information is required in order to process your application:

Type or fill out legibly in pen only.

**TENT/CANOPY EVENT INFORMATION:**

EVENT NAME: \_\_\_\_\_

Job /Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bldg. Name/Bldg.#/Lawn Area: \_\_\_\_\_ Cross Street or Location Details: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Requested Inspection Date & Time: \_\_\_\_\_

***Call our office to confirm and/or schedule inspection day and time.***

Date Tent/Canopies Erected: \_\_\_\_\_ Date Down: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Number of People Anticipated: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Type of Entertainment: \_\_\_\_\_ Dancing?  Yes  No

Type of Cooking (include fuel type): \_\_\_\_\_ Ground Cover: \_\_\_\_\_

Power Source(s):  Premises (PG&E)  Generator Heating:  Electric  Propane  None

Permit Required: • Tents (with or without walls) in excess of 400 sq. ft.

| TYPE   | # | Size | # | Size | # | Size | # | Size |
|--------|---|------|---|------|---|------|---|------|
| Tents: |   |      |   |      |   |      |   |      |
|        |   |      |   |      |   |      |   |      |

**SUPPLIER INFORMATION:**

Company Name: \_\_\_\_\_ Office Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

On-Site Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Workers' Compensation Insurance:**

Policy #: \_\_\_\_\_ Company: \_\_\_\_\_

**REQUIRED SUBMITTALS WITH THIS APPLICATION:**

1. **Site (plot) plan**, indicating locations of tents/canopies, including distances from other temporary structures, buildings, property lines or festival booths. In addition, identify if generators will be used and their location(s) relative to the tents/canopies. Vehicle parking areas, fire lanes and roadways shall be provided and maintained. Indicate the number, type rating and locations of portable fire extinguishers.
2. Provide a **seating/table arrangement floor plan** indicating the number of chairs and/or tables, table dimensions, seat spacing, aisle locations and widths, exit widths/locations, emergency lighting and exit signage.
3. Refer to our *Tents and Canopies* and *Festival Cooking and Vendor Booths* specifications CFMO SE-1 for additional requirements.

I agree to comply with all city and county ordinances and state laws, including CCR Title 19 and the adopted Santa Clara County Fire Code, relating to tents, canopies or temporary membrane structures.

(We) agree to save, indemnify and keep harmless the Santa Clara County Fire Department, Office of the Fire Marshal, against liabilities, judgments, costs and expenses that may in any way accrue against said District in consequence of granting this permit.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

1/4/11skrev

Fee/Amount Paid \_\_\_\_\_ **OFFICE USE ONLY** Register Invoice# \_\_\_\_\_

Date Paid \_\_\_\_\_ **PLAN CHECK NO.** \_\_\_\_\_