



Building Permit No. _____

Date of Application: _____

Application for Temporary Tent

Borough of Fenwick Building Department, 580 Maple Avenue, Old Saybrook, CT 06475
Telephone: (860) 388-3499 Fax: (860) 388-1469 buildingofficial@fenwicknews.com

Application must be filled out completely in ink

RESIDENTIAL TO BE ERECTED ON BOROUGH OWNED PROPERTY

Job Location _____

Property Owner's Name _____ Email _____

Property Owner's Address _____

Contractor's Name _____ Phone _____ ST License No. _____

Contractor's Address _____

Town _____ ST ____ Zip _____ Email _____

TENT INFORMATION:

Heating for Tent: Yes or No

Size: _____

Generator or Wiring: Yes or No

No. of Occupants: _____

Cooking Under Tent: Yes or No

Date of Install: _____

Date of Removal: _____

Certificate of flame spread must be submitted with application.

Plan clearly identifying interior layout with marked exits must be submitted with application.

Tents with generators or wiring other than plug in cords or with any type of propane fueled appliance require separate electrical/mechanical permits.

CERTIFICATION: I HEREBY CERTIFY THAT: I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND/OR I HAVE BEEN AUTHORIZED TO MAKE THIS APPLICATION AS AN AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, REGULATIONS AND ORDINANCES. ALL INFORMATION CONTAINED WITHIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant Signature _____ Date _____

Applicant Address _____

Please Print Name _____ Phone _____

Name of Person in Charge of Event _____ Estimated Value of Work \$ _____

Contact Numbers During Event: _____ Permit Fee \$ _____

State Education Fee \$ _____

Total Due \$ _____

Approved by _____ Date _____
(Building Official)