

DATE SUBMITTED: \_\_\_\_\_

RECV'D BY: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

**CITY OF LAKE MARY  
TENT PERMIT APPLICATION**

**Incomplete application may result in a delay in the processing of your request.**

Project Name \_\_\_\_\_

Project Address \_\_\_\_\_

Legal Description or Parcel Number \_\_\_\_\_

Owner's Name & Address \_\_\_\_\_

Phone # \_\_\_\_\_

Contractor Business Name & Address: \_\_\_\_\_

Phone # \_\_\_\_\_

TENTS: \_\_\_\_\_ NUMBER AND SIZE OF TENTS (SQUARE FEET)

\_\_\_\_\_ Tent set up date

\_\_\_\_\_ 2 copies of flame retardant certifications \_\_\_\_\_ Date of event

\_\_\_\_\_ 2 copies of site plans showing layouts \_\_\_\_\_ Date to be taken down

Describe Work: \_\_\_\_\_

Valuation of Work: \$ \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Specify which of the above names should be contacted if questions or additional information is needed.**

Application is hereby made to obtain a permit to do work and installations as indicated. (State Law requires construction to be done by licensed contractors. Exemptions to that law may apply). I certify no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for other work to be performed.

**NOTE:** A notarized Letter of Authorization must be submitted from the property owner where the tent(s) are to be erected.

**OWNERS' AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

\_\_\_\_\_  
Owner/Agent (Please Print)

\_\_\_\_\_  
Contractor (Please Print)

\_\_\_\_\_  
Owner/Agent (Please Sign)

\_\_\_\_\_  
Contractor (Please Sign)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who did not take an oath.

\_\_\_\_\_  
Signature of Notary Public

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_  
Type of I.D. produced \_\_\_\_\_

**OFFICE USE ONLY**

**Department**

**Date**

**Initial**

**Comments**

Community Development \_\_\_\_\_

Fire Department \_\_\_\_\_