



CITY OF ST. CLOUD, FLORIDA
BUILDING DEPARTMENT
 1300 9TH Street St. Cloud, FL. 34769
 Phone: 407.957.7224 Fax: 407.957.8412

Temporary Tent Permit

Business/ Applicant

Business Name: _____

Applicant: _____

Email: _____ Phone #: _____

Parcel #: _____

Address of Tent: _____

Type of Event: _____ Dates of Event: _____

Description of Tent(s): Open Canopy Sidewalls

Area of Placement: Pavement Gravel Grass

Property Owner

Name: _____

Email: _____ Phone #: _____

Contractor *(If tent is being placed by a contractor)*

Name: _____

Email: _____ Phone #: _____

Type/Print Name of Applicant _____ Date _____

Signature of Applicant _____

A floor plan, site plan and fire retardant certificate must be submitted with the application

**** Fire Inspection Information:** In accordance with N.F.P.A. 101 (New Assembly Occupancies) and N.F.P.A 102 (tents), all tents must have Certification of Fire retardation posted and require an inspection by the Fire Marshal **PRIOR TO SHELTER USE OR LIVE OCCUPANCY**. Failure of the tent or site to be approved by the Fire Marshal shall render this permit null and void. A 24- Hour notice must be given to the Fire Marshal to schedule the inspection. ***For weekend events an inspection must be done by the Friday prior to the event.*** It shall be the responsibility of the applicant to schedule the inspection. ***Please contact the Fire Marshal at 407.957.8484 for further information and to schedule inspections.***

Tent permit and all attached supporting documents shall be available on the site where the tent is placed throughout the duration of the permit period

Fire Marshal Approval: _____ Date: _____

<u>For Office Use Only</u>	
Date of Issuance: _____	Date of Inspection: _____
Effective Date: _____	Expiration Date: _____
Zoning Approval: _____	Building Dept. Approval: _____