## AVON PARK FIRE PREVENTION DIVISION TENT APPLICATION

## PLEASE TYPE OR PRINT CLEARLY

	Applicant Name:				
	Business Name:				
	Business Address:				
	Phone No.: (w)(c)				
	Email:				
	Site Parcel Strap No.:				
	Site Property Owner Name:				
	Site Property Address:				
	Proposed Use:				
	Tent Set-Up Date: Tent Removal Date:				
	Hours of Operation:				
FOR C	OFFICE USE ONLY				
	Zoning Department				
	Date: Approved: Not Approved:				
	Zoning Supervisor:				
	Fire Prevention				
	Date: Approved: Not Approved:				
	Fire Marshal:				

PH: 863-453-6557

City of Avon Park Fire Prevention 98 S. Delaney Ave Avon Park, FL 33825

ire Prevention

FAX: 863-453-7853

## **Temporary Tent Permit / Application**

		Date	
Permit Fee:	\$ 30.00		
Company Name:			
Address:			
Phone:	6		
FAX:		-	
Location of Tent	· · · · · · · · · · · · · · · · · · ·		
Size of Tent		-	
Contents of Tent			
Date of Event:		_	
	tandard for Grandstands, Foldi	ida Fire Prevention Code 101:1 ing and Telescoping Seating, Ter	
A letter of author	ization from the property ow	ner shall be supplied with this	application.
•	• • • • • • • • • • • • • • • • • • • •	pector is required prior to erec th flame retardant requirement	
Upon approval, a	numbered permit will be iss	ued by the Fire Prevention Offi	cer.
Applicants	Name Printed	Applicant's Sign	nature / Date
Permit	approved	Permit	denied