TEMPORARY STRUCTURE PERMIT APPLICATION

PERMIT NUMBER: **STR** _____ – _____ **DROP OFF #** _____

A. ADDRESS:

_____

B. APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER: (_____)_____ – _____

EMAIL: _____

C. EMERGENCY CONTACT (responsible for declaring evacuation of temporary structure):

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER: (_____)_____ – _____

EMAIL: _____

D. PERMIT TYPE: _____

[ ] TENT / MEMBRANE STRUCTURE [ ] STAGE / PLATFORM
[ ] OTHER

E. NUMBER OF TEMPORARY STRUCTURES ON SITE ASSOCIATED WITH THIS PERMIT: _____

F. TEMPORARY STRUCTURE(S) AREA (SQ FT):

_____

G. OCCUPANT LOAD: _____ **(T)**

H. WIND THRESHOLD AT WHICH TENT WILL BE EVACUATED (may not be greater than 25 mph for unstaked tents or 30 mph for staked tents without engineered plans): _____ **(T)**

I. INTENDED USE/BASIC SCOPE OF WORK:

_____

J. HEATER (if applicable):
Make: _____ Model _____ **(T)**

K. INSTALLATION DATE/TIME: _____
REMOVAL DATE/TIME: _____

L. SUBMITTAL CHECKLIST: (T)

[ ] Detailed site plans to scale including the following:
- Temporary structure location
- Location of adjacent permanent structures and lot lines
- Adjacent vegetation
- Locations of guy wires, guy ropes, and other supports
- Access location and parking
- Fire breaks (if applicable)

[ ] Floor plans including the following:
- Seating capacity and arrangement
- Required exits, egress illumination, aisles, exit signs
- Electrical distribution equipment
- Locations and types of all appliances, generators, and other miscellaneous equipment
- Heating and cooking equipment (if applicable)

[ ] Manufacturer's specifications and installation Instructions

[ ] Flame propagation performance treatment certificate

M. ANCHORAGE (T)
Type:
[ ] Stake [ ] Ballasting
Support
[ ] Pole [ ] Frame [ ] Concrete [ ] Water

N. CONTRACTOR/APPLICANT INFORMATION:
IF A CONTRACTOR HAS BEEN OR WILL BE HIRED TO PERFORM THE WORK FOR WHICH THIS PERMIT IS REQUESTED, HE/SHE MUST BE A LISTED CONTRACTOR IN MARION COUNTY AND MUST COMPLETE AND SIGN THIS SECTION:

BUSINESS NAME: _____

_____ _____
Business Listing Number Individual Listing Number

Upon scheduling of final inspection, I will hereby acknowledge that the construction activity associated with the pursuant building permit has been completed and to the best of my knowledge, information and belief such construction activity has been performed in conformance with the Building Standards and Procedures applicable to such construction. I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE

YOUR NAME (PRINT): _____

SIGNATURE: _____
(Contractor or Applicant)

DATE: _____

TELEPHONE NUMBER:(_____) _____ – _____

EMAIL: _____

Department of Business and Neighborhood Services
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www.indy.gov

(T):SECTIONS FOR TENTS ONLY