

APPLICATION FOR TENT PERMIT



DEVELOPMENT
DEPARTMENT

Address of Project: _____

Applicant Name: _____

Mailing Address: _____

Daytime Phone: _____

Email: _____

Contractor Name: _____

Mailing Address: _____

Daytime Phone: _____

Property Owner Name: _____

Mailing Address: _____

Daytime Phone: _____

Number of Tents: _____

Size(s) of Tent(s): _____

Total Sq. Ft. of Each Tent: _____

Proposed Use of Tent: _____

Up Date of Tent: _____

Down Date of Tent: _____

Will there be cooking in the tent?

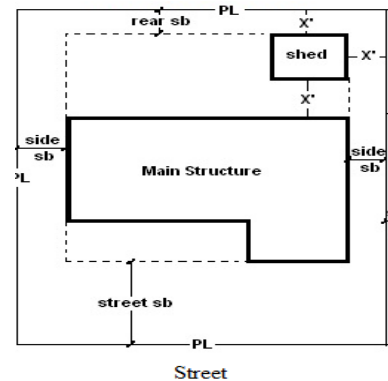
Yes No

Will there be smoking in the tent?

Yes No

Each application must have a site plan showing the location of the project, or picture indicating accurate relevant dimensions (see example). All permits are issued to the applicant unless otherwise specified.

***Please contact Miami County Building Department (937-440-8121) for additional permits required.**



***Processing time: 7-10 business days**

Sign Full Name

By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to allow City of Troy employees to enter the property in order to complete necessary inspections. I agree to conform to all applicable laws of the City.

Signature: _____

Date: _____

Development Department
102 S. Market St.
Troy, OH 45373
Phone: (937) 339-9481
Fax: (937) 339-9341
www.troyohio.gov

Office Use Only

Zoning District: _____

Permit Issued by: _____

Historic District

Date: _____

- Yes
- No

Refer to Permit No: _____

Flood Zone

Approval Contingent Upon the Following:

- Yes
- No

Tent Fee	\$50.00
Total Amount	
<u>Date:</u>	<u>Receipt No.</u>