



# City of Longwood

## TENT PERMIT APPLICATION

Application #: \_\_\_\_\_ Permit#: \_\_\_\_\_ Date Received: \_\_\_\_\_

Master Permit#: \_\_\_\_\_ (If associated with main project)

**ALL REQUESTED INFORMATION MUST BE COMPLETED TO PROCESS THE PERMIT**

Project Address: \_\_\_\_\_ (Unit#)

Parcel/ Tax I.D. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Proof of ownership must be attached)

This can be obtained by a record search on the Seminole County Property Appraiser's website: [www.scpafll.org](http://www.scpafll.org)

Property Owners Information	
Property Owner	
Address of Owner	
Owners Telephone #	
Owners Email Address	

Tent Business Owners Information	
Business Name	
Address	
Telephone #	
Email Address	

**SIZE OF TENT:** \_\_\_\_\_ **NUMBER OF TENTS:** \_\_\_\_\_

**ACTIVITY/ USE OF TENT:** \_\_\_\_\_ **WILL SEATING BE PLACED UNDERNEATH TENT:**  YES  NO

**SET UP DATE:** \_\_\_\_\_ **TAKE DOWN DATE:** \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in the jurisdiction. I understand that a separate permit must be secured for any additional work, beyond what is outlined above, such as electrical, plumbing, mechanical, and gas.

**OWNER'S/CUSTOMER AFFIDAVIT:** I swear or affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I also swear or affirm that I have the legal authority to bind any entity to which this application relates. This statement is made under oath and subject to the penalties for perjury.

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.



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<hr/> <p><b>Signature of Owner/ Business Owner /Date</b></p> <hr/> <p><b>Printed Name of Owner/ Business Owner</b></p> <p>STATE OF FLORIDA, COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20__ by _____, who is Personally known to me or has Produced (type of identification) _____ as identification and who did take oath.</p> <p>_____</p> <p><b>Signature of Notary Public</b> <b>State of Florida</b></p> <p>_____</p> <p><b>Print Name of Notary Public</b></p>	<p style="text-align: center;"><b><u>Required Information:</u></b></p> <ul style="list-style-type: none"> <li>- (2) Sets of site plan showing location of tent(s). Can be hand drawn.</li> <li>- (2) Sets of Flame Spread Certification (Per FBC 3102.3.1)</li> <li>- Notarized letter from property owner (If different than business owner)</li> <li>- Seating Layout</li> <li>- Location of fire extinguisher(s)</li> </ul>
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**Applicable Requirements from Chapter 39, Fire Code:**

- 12-foot fire access roadway required on all sides of each tent (or grouping considered as one tent)
- 20- foot separation/ access space required between combustible structures and any tent(s). Weeds, brush and dry grass shall be removed from the tent site and within 35 feet.
- NO cooking, other than warming of food items prepared elsewhere is approved.
- NO open flame devices are allowed inside a tent for cooking, lighting or any other purpose.

**NOTE:** Each fire extinguisher is to have a minimum rating of 2A-10BC. Extinguishers must be mounted so as to be visible, with the top of the extinguisher 30”- 60” above the floor.

**WARNING:** Do not obstruct access for firefighting. Do not obstruct fire hydrants or fire department connections.

**NOTE:** Exit signs are required in accordance with NFPA 102. Emergency lighting is required if occupied at night.

<b>DEPARTMENT APPROVALS</b>	
Fire	Reviewed By: _____ Date: _____
Building	Reviewed By: _____ Date: _____
Planning	Reviewed By: _____ Date: _____