



Office of Environmental Health and Safety
Building Code Administration
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TENT PERMIT INSTALLATION APPLICATION

DATE: _____

TENT VENDOR:

PRINTED NAME OF COMPANY CONTACT: _____

TELEPHONE NUMBER OF COMPANY CONTACT: _____

EMAIL OF COMPANY CONTACT: _____

EVERY TENT INSTALLATION WILL PROVIDE THE FOLLWING (CHECK LIST):

- INSURANCES REQUIRED FOR FAU PROPERTIES
SITE PLAN – LOCATION OF TENT INSTALLATION
PROOF OF FIRE RESISTANCE/RATING OF THE TENT MATERIAL
PRODUCT INFORMATION SPECIFYING WIND RESISTANCE AND ALL OTHER STRUCTUREAL DATA
IDENTIFY TENT HOLD-DOWN AND STAKING METHODS
FIRE EXTINGUISHER

REQUIRED INFORMATION ON THIS PERMIT APPLICATION FORM:

SIZE OF TENT: _____

INTENDED USE OF TENT: _____

NUMBER OF PEOPLE EXPECTED IN THE TENT: _____

LENGTH OF TIME FOR USE: _____

USER INFORMATION REQUIRED BEFORE INSTALLATION

MANDATORY CHECK LIST:

Table with 3 columns: Item, YES, NO. Rows include COOKING IN OR AROUND THE TENT, ELECTRICAL GENERATOR USED IN OR AROUND THE TENT, ELECTRICAL LIGHTING AND/OR ELECTRICAL OUTLETS.

OTHER: _____

INSPECTIONS ARE REQUIRED BEFORE TENT IS USED

VENDOR
PRINTED NAME
TITLE OF VENDOR REPRESENTATIVE

SIGNED NAME

CUSTOMER
PRINTED NAME
TITLE OF CUSTOMER REPRESENTATIVE

SIGNED NAME