

TENT PERMIT APPLICATION <i>Goochland County Department of Building Inspection</i> P O Box 119 Goochland VA 23063 (804) 556-5815 Fax (804) 556-5651	Application Date: _____
	Permit Number: _____
	Tax Map Number: _____
	GPIN: _____

This application is *not* authorization to start work. No work shall start until a permit is posted on the job site.

OWNER INFORMATION	Site Address _____	
	Property Owner's Name _____	Phone # _____
	Property Owner's Address _____	

VENDOR INFORMATION	Vendor/ Contractor Name: _____	State License No. _____
	Vendor/ Contractor Address: _____	License Type: _____
	Goochland County Business License? <input type="checkbox"/> Yes <input type="checkbox"/> No Lic.No. _____ If No, Location of Business License and Number _____	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Two Copies of the following information MUST be submitted with this application:

- Detailed Site Plan identifying proposed tent locations(s) on property and distances from other structures
- Flame Resistance Certificate for each tent in compliance with NFPA 701
- Interior floor plan detailing the proposed exits, path of egress, seating, heating and electrical equipment
- Location of Fire Extinguishers, Emergency Lighting, and Exit Sign(s)
- Layout of cooking equipment
- Manufacturer's installation instructions with anchoring requirements
- Certificate of Liability Insurance (\$1,000,000 minimum)

Describe the tent size to be used at this location:

Length _____	x	Width _____
_____	x	_____
_____	x	_____

Date/Time ready for Inspection: _____

Date(s) of Tent Event: _____

Describe the use of the tent (s): _____

Will the tent have sides? _____ Proposed Occupant Load: _____

Will there be stages or platforms? _____

Date tent to be removed: _____

TO BE COMPLETED BY ZONING DEPT.	Front Setback _____	Center Line Setback _____	Rear Setback _____	C.U. Permit _____	Variance _____
	Side Setback _____	Side Setback _____	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/>		
	COMMENTS: _____		Planning & Zoning Officer _____ Date _____		

Applicant/Contact: _____	Phone _____
Email: _____	

Value of Work	_____
<i>Excludes All Trades Permits</i>	

Application Fee	\$ _____
Zoning Fee	\$ _____
Total	\$ _____

I hereby acknowledge that I have read this application and know the information to be true and agree to comply with all County ordinances and State laws regulating building construction and use.

Signature of Applicant _____

OFFICE USE ONLY			
USE _____	CODE EDITION _____	CONSTRUCTION TYPE _____	OCCUPANY LOAD _____
APPROVAL _____	DATE _____		
Code Official			