

East Pennsboro Township

Tents, Canopies & Membrane Structures Permit Application

Applicant Name: _____ Phone: _____

Applicant Address: _____

Email Address: _____ Fax: _____

Location of Installation: _____

Property Owner: _____ Phone: _____

Property Owner Address: _____

Emergency Contact Person: _____ Phone: _____

Event Type/Use (Describe as specifically as possible.):

Height: _____ Square Footage: _____ Fire Extinguishers: Type: _____ No. _____

Design Occupant Load: _____ Fire Retardant Certification of Structure Attached : Yes No

Electricity: Yes No Power Source: _____

Power Source Distance from Installation: _____ Method of Connection: _____

Proposed Opening Date: _____ No. Days Installation to be in Use: _____

Hours/Days of Operation: _____

I, hereby, authorize and certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which the work authorized by the permit sought will be performed. I further certify that all work will be performed in accordance with all applicable laws and regulations of the United States of America, the Commonwealth of Pennsylvania and East Pennsboro Township.

Signature: _____ Date: _____

*****FULLY DIMENSIONED SITE, FLOOR & EGRESS PLAN REQUIRED*****

Office Use Only

Tax Parcel No: _____ Zoning District: _____ Use Permitted: Yes No

Approved (list conditions) Denied (list reasons) _____

Fee: \$ _____

Code Official Signature: _____ Date: _____

Separate Permits May Be Required For Any Electrical, Plumbing, Mechanical, Etc. Installations.