



FIRE PREVENTION DIVISION  
1600 FIRST STREET, NAPA, CA 94559  
707.257.9590

# Temporary Tent Permit Application

**All information provided shall be accurate and represent the final installation. Any changes after submittal may result in the delay of approval. This application shall be submitted along with all required documents as stated in the Temporary Tent Submittal Requirements.**

## Applicant Info

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Main Site Contact: \_\_\_\_\_ Installing Company: \_\_\_\_\_

## Event Info

Name of Event: \_\_\_\_\_ Occupancy Duration: \_\_\_\_\_  
\*Includes Staff \*Example: 7am – 1pm

Site Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Install Date: \_\_\_\_\_ Event Date(s): \_\_\_\_\_ Removal Date: \_\_\_\_\_  
\*Not to exceed 180 days

## Tent Info

Purpose/Use of Tent(s): \_\_\_\_\_

Dimensions of Tent(s): \_\_\_\_\_

Occupant Load of Tents(s): \_\_\_\_\_ Anchoring Type:  Stakes  Cement Blocks  
\*Must provide anchoring specs and show on site plan

Other Features (check all that apply):

- |                                     |                                    |   |
|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Walls      | <input type="checkbox"/> Subfloors | <input type="checkbox"/> Barriers/Fencing |
| <input type="checkbox"/> Cooking    | <input type="checkbox"/> Lighting  | <input type="checkbox"/> Generators       |
| <input type="checkbox"/> Heating/AC |                                    |   |

**By signing below, I agree that I have answered all the above information as accurately as possible and will comply with all applicable codes and standards along with all workers' compensation insurance laws pertaining to my business.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_