



**CHARLOTTE FIRE DEPARTMENT
FIRE PREVENTION BUREAU
Tent Permit Application**

Applicant Information

This is the company name applying for the permit.

Company Name: _____

Address: _____ City/State: _____ Zip: _____

Contact Name: _____ Ph: _____ Cell: _____

Tent Location

This is the actual location of the tent installation.

Business Name: _____

Address: _____

Install Date: _____ Use Date(s): _____ Number of Tents: _____

Tent Detail and Use Information

Note applicable sections only. If more than one tent, enter each tent individually below.

Tent Size: _____ Canopy: _____ Enclosed: _____

Tent 2: _____ Canopy: _____ Enclosed: _____

Tent 3: _____ Canopy: _____ Enclosed: _____

Tent 4: _____ Canopy: _____ Enclosed: _____

Tent Use: Assembly: _____ Retail Sales: _____ Other: _____ **Set Up:** Tables/Chairs: _____ Theater Seating: _____ Standing: _____

Additional Information

The installation of tents and canopies shall be in compliance with Chapter 24 of the North Carolina Fire Code. ***For tents erected for more than six days, you must contact Mecklenburg County's Land Use and Environmental Services Administration (LUESA) for additional requirements and/or permits (704-336-3830).***

Provide this completed application and a check payable to "City of Charlotte" at the time of the site inspection by the fire official. If you wish to pay by credit card, contact our office at the phone number listed below.

NOTE: Tents with an occupant load of more than 299 persons will require fire watch by a minimum of two CFD Fire Inspectors. For Tents with an occupant load of 50 or more persons, a detailed site plan indicating seating, stages, exit arrangement, etc. shall accompany this application.

Acknowledgment

I certify that the information herein and submitted with this application is true and accurate. I further acknowledge that the fire official has the authority to revoke this application or any subsequently issued permit for any falsely submitted information, or unsafe or non-compliant conditions. Posted permit provided by the fire official shall remain posted in a conspicuous location.

Name: _____ Title: _____

Signature: _____ Date: ____ / ____ / ____

CFD Office Use

Permit Code: _____ Fee: \$ _____ Ck. #: _____ Valid: ____ / ____ / ____ thru ____ / ____ / ____

Inspector: _____ Employee #: _____

*To pay by credit card, contact our office at 704-336-2101
Charlotte Fire Department, FPB Office, 500 Dalton Avenue, Charlotte NC 28206*