CHARLESTON FIRE DEPARTMENT

Fire Marshal Division



Tent/Canopy Permit Application		Permit: #	111	
Submit plans to: Charleston Fire Marshal Division, Information Desk 75 Calhoun St – 3 rd Floor Lobby, Charleston, SC 29401		Project Value: \$		
A single tent in excess of 400 square feet of Event Information		xcess of 700 square feet sh	all require a permit.	
Name of Event:				
Event Address:				
Facility/Area Name:	Proposed Occ	Proposed Occupant Load:		
Event Date(s):	Event Times:	Event Times:		
Tent Set-up Date:	Tent Removal	Tent Removal Date:		
Desired Inspection date:	Desired Inspe	Desired Inspection Time:		
Number of tents larger than 400 Sq Ft:	Number of op	Number of open tents larger than 700 Sq Ft:		
Sizes of tents (up to 4 per permit):	,	_		
#1: x #2:	_ x #3:	_ x #4:	X	
Property Owner				
Property Owner Property Owner/Rep Name:	Owner/Re	p. Contact Number:		
* *		p. Contact Number:		
Property Owner/Rep Name:		p. Contact Number:		
Property Owner/Rep Name: Event Coordinator (Primary responsible party to o	coordinate safety inspections)	p. Contact Number: State:	Zip:	
Property Owner/Rep Name: Event Coordinator (Primary responsible party to a Coordinator:	coordinate safety inspections) Cell Phone: City:			
Property Owner/Rep Name: Event Coordinator (Primary responsible party to a Coordinator: Address:	coordinate safety inspections) Cell Phone: City:	State:		
Property Owner/Rep Name: Event Coordinator (Primary responsible party to a Coordinator: Address: Email:	coordinate safety inspections) Cell Phone: City:	State:		
Property Owner/Rep Name: Event Coordinator (Primary responsible party to a Coordinator: Address: Email: Installing Contractor	coordinate safety inspections) Cell Phone: City:	State:		
Property Owner/Rep Name: Event Coordinator (Primary responsible party to a Coordinator: Address: Email: Installing Contractor Installing Contractor:	coordinate safety inspections) Cell Phone: City: Will this con	State: tact be on site for event: Y	7 / N	
Property Owner/Rep Name: Event Coordinator (Primary responsible party to a Coordinator: Address: Email: Installing Contractor Installing Contractor: Address: Contact: Name:	coordinate safety inspections) Cell Phone: City: Will this con City: Phone:	State: tact be on site for event: Y	Z/N	
Property Owner/Rep Name: Event Coordinator (Primary responsible party to a Coordinator: Address: Email: Installing Contractor Installing Contractor: Address: Contact: Name: E-mail:	Coordinate safety inspections) Cell Phone: City: Will this con City: Phone: City of Charl	State: tact be on site for event: Y State:	Z/N	
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Property Owner/Rep Name: Event Coordinator (Primary responsible party to e Coordinator: Address: Email: Installing Contractor Installing Contractor: Address: Contact: Name: E-mail: Permit Applicant (Complete if other than installing Applicant: Event coordinator above Company/Person Obtaining permit:	Coordinate safety inspections) Cell Phone: City: Will this con City: Phone: City of Charl Installation Contractor a	State: tact be on site for event: Y State: eston Business License Numbove Other, comp	Zip: Zip: mber:	

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Plan Submittal Checklist

The following checklist is provided as a <u>summary of the minimum</u> information required before a review will be initiated. It is the permit applicants responsibility to have a thorough working knowledge of the applicable ordinances, codes, and/or standards. Failure to provide the needed information will delay the review process. Submit one copy of this application and the following:

Submit a site plan that is drawn to scale or includes adequate measurements that includes:

- a. The area of the tent's installation including guy-wires and support ropes
- b. Fire Department access roads
- d. Distances to property line, buildings, other tents, parked vehicles or other operating equipment
- f. Location of heating units, fuel sources for units, location of generators or similar equipment
- g. Approximate wiring routing on floors, how secured and ramped over

Submit a scaled floor plan of the tent or canopy, which includes the proposed layout of:

- a. Tables, chairs, aisles, stages, switchboards, buffets
- b. Fire extinguishers, exits, exit signs, and the use of exit doors vs. open side wall areas
- e. Heaters, food warming equipment, and other associated equipment

Submit a copy of the fire retardant certificates

- a. Provide a copy of the certificate for each tent/canopy requiring permit
- b. Tent's and canopies must have a label permanently attached to the material
- c. All floor coverings, curtains, table cloths, banners, etc. shall meet the appropriate fire retardant requirements

Self-Inspection Checklist

This list is not all-inclusive and it is subject to change. The items below are intended to assist you in maintain a safe event and preparing for inspections:

- 1. Permit obtained and posted on site, tent/canopy location and layout are according to approved plans
- 2. Temporary structures are adequately secured per manufacturers recommendation or engineering report
- 3. Appropriate fire extinguishers are provided
- 4. No open flame decorative devices without prior written approval
- 5. Adequate number of exits, exits are marked with illuminated signs, emergency lighting provided
- 6. Adequate aisles provided, clearly visible/delineated, not less than 44", adequate spacing between tables/chairs
- 7. Adequate spacing between tables/chairs
- 8. "No Smoking" signs shall be posted in conspicuous locations throughout the tent/canopy
- 9. Heating and cooling equipment shall not be located within 10 feet of exits, aisles, passageways, or combustible materials
- 10. Where LPG is used, flame shall be kept a minimum of 10 feet from LPG containers and LPG container shall be 10 feet from tent/canopy and rigidly secured. Heating devices shall be kept a minimum of 10 feet from tent/canopy walls
- 11. Combustible materials such as hay, straw, sawdust, shavings or similar materials are prohibited
- 12. No cooking within the assembly tent. Cooking tent when deep frying provided with a 40B:C extinguisher or type K
- 13. Cooking tents separated from other tents or buildings by 20 feet or more

Request for review and permit

I understand and agree that this permit is only for this project and provides authorization for the limited scope of work identified on the permit and the permit remains the property of the City of Charleston. By signing below I certify that I am an authorized agent for the company performing the work stated above, appropriately trained and qualified for the scope of work proposed, and all information provided is true and correct. I understand that if any information provided is found to be incorrect or falsely stated that any permits granted from this application are immediately null and void. I agree to comply with the ordinances of this jurisdiction and to perform the work herein stated in accordance with the submitted plans, specifications, applicable codes and standards, and shall be responsible for any and all violations of state laws and local ordinances. I understand that any alternation or change in plans made without written approval subsequent to the issuance of the permit shall constitute grounds for revocation of such permit and that all work is subject to field inspections. Permit void if work is not started within six months of the date of issue or if work stops for a period of six months. All permits expire two years from the date of their issuance. Additional permits shall be required for any additional work not authorized under a permit issued for this application. Applicant is responsible for calling to schedule all required inspections.

Name of person making application	Signature	Date

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