

Fire Marshal Division

1005 Edwards Brother Drive Lillington, NC 2756 910-893-7580

Application for Tent/Canopy Permit

App	lication#	Date:	/	
App	licant:			
Billi	ing Address:			
City	State	Zip _		
Con	tact Phone:			
Con	tact Email:	_		
Loca	ation of Tent/Canopy:			
City	State	Zip _		
Set-	up Date/Completion Dat	e/		
This	s application must be completed and return	ned to Centra	al Permitting, prior to	
	ance of the permit. A site inspection will be		• •	
	w (7) working days for processing. There will nit fees shall be paid after reviewed has been	-		S).
	<u>tired</u> to be submitted with this application:	completed. T	ne following items are	
1	Site plan showing location of tent/canopy buildings.	on property a	and distance from	
2	Number of tents/canopies including dimensions of each and whether the tent will be equipped with enclosed sides.			
3	Proposed use of each tent/canopy.			
4	Flame resistant certificate for each tent/ca	nopy.		
			/ /	
Applicant Signature			Date Date	