



City of Bowling Green
 Neighborhood and Community Services
 707 E. Main Ave
 Bowling Green, KY 42101
 Phone: 270-393-3676 & 270-393-3615
 Fax: 270-393-3223 www.bgky.org
 Email: building.division@bgky.org

Filing Date: _____

TENT PERMIT APPLICATION

Permit Fee: \$100.00

Please Print Clearly in Ink or Type

Permit # **T2025-** _____

PERMIT LOCATION*REQUIRED*

Permit Address _____ Suite/Unit/Apt _____ Zip Code _____

Subdivision _____ Project/Development Name _____

Lot # _____ Building # _____

PROJECT INFORMATION*REQUIRED*

Total Number of Tent(s) _____

Tent(s) will be installed on _____ and removed on _____ Total # of Days _____

*Tent Dimensions:	Length	Width	Total Square Feet	Sides
	_____ X _____	_____ = _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	_____ X _____	_____ = _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	_____ X _____	_____ = _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	_____ X _____	_____ = _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	_____ X _____	_____ = _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	_____ X _____	_____ = _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

The tent will be used for _____

Are you Leasing/Renting the Property where the tent will be installed? Yes No

If yes then provide a copy of the lease/rental agreement

**If the tent is less than 400 sq./ft. a permit is not required*

**If tent is for the sale of fireworks a permit is required*

**If you are using Electrical Power then an Electrical Permit is required.*

APPLICANT INFORMATION*REQUIRED*

Applicant _____ Street Address _____

City _____ State _____ Zip Code _____ Suite/Unit/Apt # _____

Email _____ Phone _____ Mobile _____

Check all that apply to Applicant's Role: Property Owner Business Owner Other _____

Primary Contact _____ Office Phone _____

Email _____ Mobile Phone _____

Fax _____

SEE PAGE 2 CONTRACTOR AND SIGNATURE REQUIRED

Permit # _____

CONTRACTOR INFORMATION *REQUIRED IF NOT THE APPLICANT*

*Contractor Business Name _____ Address _____

City _____ State _____ Zip Code _____ Suite/Unit/Apt # _____

Email _____ Phone _____ Mobile _____

Fax _____ Primary Contact _____

NAME OF PERSON OR BUSINESS PUTTING UP THE TENT****

PROPERTY OWNER INFORMATION *REQUIRED IF NOT THE APPLICANT*

Owner Name _____ Address _____

City _____ State _____ Zip Code _____ Suite/Unit/Apt # _____

Email _____ Phone _____ Mobile _____

I the Applicant of this Permit do hereby understand the following:

1. This Permit will be approved when **ALL** Reviews have been approved.
2. The Building Division may issue the Permit or Phases of the Permit with **Conditions**.
3. It will be the Applicant's responsibility to meet **ALL** conditions required for Plan Review Approval.
4. Work cannot commence until the Permit is issued by the Building Division and **ALL** fees have been paid.
5. Kentucky Building Code, Current Edition with referenced Codes and City Ordinances will govern this Permit.
6. Phase 2 Erosion Prevention & Sediment Control Practices will be implemented during **ALL** phases of construction as defined in City Ordinance 21-2.03.
7. A list of Sub-Contractors is to be submitted to Occupational License Division prior to the issuance of this Permit.
8. It is the contractor's responsibility to call for inspections.
9. To the best of my knowledge ALL information given herein is true.

Required Signature _____

Date _____