



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](http://www.bgky.org)  
 Email: [building.division@bgky.org](mailto:building.division@bgky.org)

Filing Date: \_\_\_\_\_

## TENT PERMIT APPLICATION

**Permit Fee: \$73.00**

*Please Print Clearly in Ink or Type*

**Permit #**      **T2024-**      \_\_\_\_\_

### 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** \_\_\_\_\_