

**GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY
OFFICE OF THE FIRE MARSHAL**



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**TEMPORARY TENTS
Fire Prevention Code Permit Application**

Applicant/Responsible Party

Name: _____

Address: _____

Cell Phone: _____ Daytime Phone: _____

Date of Event: _____ Time of Event: _____

Address of Event: _____

Name of Facility: _____

Event Coordinator

Name: _____

Phone Number: _____ Cell Phone: _____

Tent Company

Name: _____

Contact Person: _____

Phone Number: _____ Cell Phone: _____

Date and Time Tent is to be Erected: _____

Caterer

Name: _____

Phone Number: _____ Cell Phone: _____

Expected Number in Attendance: _____

Time Caterer will be Ready for Floor Layout Inspection: _____

Office Use Only

Permit Number: _____ Other Permit(s): _____

Occupancy Load: _____ Issued by: _____ Page 1 of 2

