



APPLICATION FOR TEMPORARY TENT / CANOPY PERMIT

Job Address: _____

Name of Installer/Contractor: _____ Telephone: [] _____

Address of Installer/Contractor: _____

Sponsoring Charitable Organization (If Applicable): _____

Name of Contact Person: _____ 24 Hour Telephone: [] _____

Address of Contact Person: _____

Application is hereby made to the Permit Center for Tents/Canopies as described below:
Please list the number of tents/canopies, their uses, sizes, and location on property.

#	USE	SIZE	LOCATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

City Of Pasadena Special Events Permit Number # SPE: _____

Total #Tents/Canopies: _____ Installation Date: _____ Removal Date: _____

Total Square Footage: _____ Dates of Use: _____ Through: _____

Date: _____

Applicant's Signature: _____ Title: _____

* OFFICE USE ONLY			
Zoning Approval: _____ <small>STAFF INITIALS</small>	Date: _____	T-Cup Required: Yes No	T-Cup#: _____
Fire Approval: _____ <small>STAFF INITIALS</small>	Date: _____	Standby Required: Yes No	
Occupancy Group: _____	Seasonal Permit Expiration Date: _____		