



TOWN OF BELMONT
Office of Community Development
19 Moore Street P. O. BOX 56
BELMONT, MASSACHUSETTS 02478
Telephone: (617) 993-2664 Fax: (617) 993-2651

TENT APPLICATION

DATE: _____

COMPANY NAME AND: _____
PHONE NUMBER: _____
ADDRESS: _____

LOCATION: _____

PROPERTY OWNER: _____

DATE OF FUNCTION: _____

NUMBER/SIZE OF TENT: _____

CAPACITY: _____

MEANS OF EGRESS: _____

FIRE EXTINGUISHER: _____

ATTACH A COPY OF THE FLAME PROOFING CERTIFICATE.

A check payable to "Town of Belmont" in the amount of \$30.00 must accompany your application

For Office Use

Permission is hereby granted for the erection of the above Tent or Tents. Said Tents to be installed and erected as specified in NFPA #102 – Standard for Tents.

DATE: _____

Permit # _____

Glenn R. Clancy, P.E.
Director

cc: Fire Prevention