



3400 Plymouth Boulevard  
 Plymouth, MN 55447  
 General Information (763)509-5430  
 Inspection Scheduling (763)509-5449  
 FAX (763) 509-5407

**TENT,  
 CANOPIES AND  
 MEMBRANE STRUCTURES  
 PERMIT  
 APPLICATION**

Appl: # \_\_\_\_\_  
 \$ \_\_\_\_\_ (Invoice)

**Property Location:** \_\_\_\_\_

~ OR ~

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision Name \_\_\_\_\_

Property I.D. (PIN) No. \_\_\_\_\_

*For non-invoiced customers, permits may be mailed in or faxed in (if no plans are required).  
 You will be called with the permit fee when the permit is ready to be picked up and paid for IN PERSON in Community  
 Development at City Hall. Note: Checks are not to be mailed with the permit application.*

Proposed Use:	<u>Residential</u>	<u>Non-Residential</u>
Single Family Detached	<input type="checkbox"/>	Church <span style="float: right;"><input type="checkbox"/></span>
Townhouse	<input type="checkbox"/>	Commercial <span style="float: right;"><input type="checkbox"/></span>
Two Family	<input type="checkbox"/>	Industrial <span style="float: right;"><input type="checkbox"/></span>
Multi-Family	<input type="checkbox"/>	Public <span style="float: right;"><input type="checkbox"/></span>
		Other _____

**Applicant is:**  Contractor  Other  Owner  Tenant

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

Telephone No.: \_\_\_\_\_ (Bus., pager, mobile)

**Tenant Name (if applicable)** \_\_\_\_\_ **Unit/Suite #** \_\_\_\_\_

Structure Type:  Tent  Canopy  Temporary Membrane

Quantity: \_\_\_\_\_ Total Square Footage (Each): \_\_\_\_\_

Type of Event: \_\_\_\_\_

Number of People Attending: \_\_\_\_\_

Set Up Date: \_\_\_\_\_ Dismantle Date: \_\_\_\_\_

<b>PERMIT FEE SCHEDULE</b> <b>\$50.00 per tent, canopy or temporary membrane structure</b>
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**APPROVAL REQUIRED**

Tents, membrane structures and canopies in excess of 400 square feet shall not be erected, operated or maintained for any purpose without obtaining a permit. Exceptions:

1. Tents used exclusively for recreational camping purposes.
2. Fabric canopies open on all sides which comply with all of the following:
  - Individual canopies having a maximum size of 700 square feet.
  - The aggregate area of multiple canopies placed side by side without a fire break clearance of 12 feet, not exceeding 700 square feet total.
  - A minimum clearance of 12 feet to all structures and other tents.

**INFORMATION REQUIRED**

1. Scaled site and floor plans showing:
  - Location of all tent(s), property lines, vehicle-driving surfaces, structures, utilities, permanent tanks and cylinders and exits.
  - Locations of all temporary tanks, cylinders, generators, heaters, cooking equipment and portable fire extinguishers.
  - A fixture and/or seating plan.

**Note: A separate electrical permit is required if an electrical service or temporary wiring is to be provided. A separate administrative permit may be required. Check with Planning Division.**

I HEREBY APPLY FOR THIS PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT.

I UNDERSTAND AND HEREBY AGREE THAT THE WORK FOR WHICH THE PERMIT IS ISSUED SHALL BE PERFORMED ACCORDING TO THE FOLLOWING: (1) THE CONDITIONS OF THE PERMIT, (2) THE APPROVED PLANS AND SPECIFICATIONS, (3) THE APPLICABLE CITY APPROVALS, ORDINANCES AND CODES AND (4) THE STATE BUILDING CODE.

I UNDERSTAND THAT THE PERMIT WILL EXPIRE AND BECOME NULL AND VOID IF WORK IS NOT STARTED WITHIN 180 DAYS OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANYTIME AFTER WORK HAS COMMENCED; AND, THAT I AM RESPONSIBLE FOR ENSURING THAT ALL REQUIRED INSPECTIONS ARE REQUESTED IN CONFORMANCE WITH THE STATE BUILDING CODE.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Applicant's Name

Inspection Types (to be checked) <input type="checkbox"/> Final <input type="checkbox"/> Other	<b>For Office Use Only</b>
Permit Purpose (Remarks) _____	Authorized For Issuance: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	If not, Why? _____
_____	Signature: _____ Date: _____