



**TOWN OF CARY FIRE DEPARTMENT**  
**OFFICE OF THE FIRE MARSHAL**  
 100 N. ACADEMY STREET  
 CARY, NC 27511  
 919.469.4351 office | [www.townofcary.org](http://www.townofcary.org)

**Temporary Tent, Air-Inflated, Stage,  
 or Membrane Structures  
 Permit Application**



**I. Subject Property**

**Use Period.** A temporary tent, air-supported, air inflated or tensioned membrane structure shall not be erected for a period of more than 180 consecutive days within a 12-month period on a single premise.

PERMIT APPLICATIONS AND DOCUMENTATION MUST BE SUBMITTED THROUGH THE TOWN OF CARY ELECTRONIC PLAN SUBMITTAL PORTAL [HERE](#). PERMIT APPLICATIONS MUST BE SUBMITTED 7 DAYS IN ADVANCE. A SITE INSPECTION IS REQUIRED BY A TOWN OF CARY FIRE MARSHAL.

In accordance with the provisions of the North Carolina State Fire Prevention Code, a permit must be obtained to operate an air-supported temporary membrane structure, or a temporary stage canopy having an area in excess of 400 square feet, or a tent having an area in excess of 800 square feet. Including tents open on all sides that meet the below:

1. Individual tents having a maximum size of 1800 sf.
2. The aggregate area of multiple tents placed side-by-side without a fire break clearance of not less than 12 feet shall not exceed 1800 sf total.
3. A minimum clearance of 12 feet to structures and other tents shall be provided.

*This permit application and all relative documentation must be submitted in advance of erecting and/or operating a temporary tent, structure, or stage*

Location / Name:		email:	
Address:		Phone:	
Total No. of Tent(s):	Total No. of Air-Inflated:	Total No. of Membrane Structure(s):	Total No. of Temporary Stage(s):
Structure Sq. Ft.	Structure Sq. Ft.	Structure Sq. Ft.	Structure Sq. Ft.

**II. Applicant (Person or Firm Responsible Temporary Membrane Structure/Tent Construction and Operation)**

Name & Title:		email:	Mobile #
Contractor Name:		Vendor Name:	
Address:	City:	State:	Zip:

**III. Property Owner**

Name:		email:	Mobile #:
Address:	City:	State:	Zip:

**IV. Tent Company**

Name & Title:		email:	Office #:
Company Name:			
Address:	City:	State:	Zip:
Date Fire Inspection requested:	Estimated Start Date:	Estimated End Date:	

**V. This application shall be accompanied by the following information, unless otherwise specifically modified by the Fire Marshal or designee:**

1. Submittal with Temporary Use application from the Zoning Department. [Temporary Use Permit Application & Requirements](#) (919) 469-4046
2. Provide copies of issued flame certification for membrane material.
3. Assembly tents with occupants exceeding 50 must provide a seating plan that illustrates tables, chairs, aisles and arrangement thereof.
4. A legible sketch/drawing (or google earth map) showing the location of temporary membrane structure/tent/stage with distance to adjacent buildings, streets, utilities, wells, and other facilities.
5. Is a temporary electrical service provided to the tent? (electrical permit required) Contact TOC Inspections and Permits to obtain an electrical permit. [Conditional Power Request Application](#)

**IX. Certification and Signature**

I hereby certify that I have read and examined this application and its attachments and that all the information contained therein is true and correct. Furthermore, I certify that the proposed operation will comply with the requirements contained in The North Carolina State Fire Prevention Code

Applicant Company \_\_\_\_\_ Date: \_\_\_\_\_ Representative Name: \_\_\_\_\_