

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 <u>This permit application and</u>				provided. <u>omitted in advance of erecting</u>	and,	or operatii	ng i	a temporary ten	t, structure, or stage
Location / Name:				email:	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 Re	sponsible Tempora	ry Membra	ane	Structure/Tent Construction	on a	nd Opera	tio	n)	
Name & Title:			email:			Mobile #			
Contractor Name:			Vendor Name:						
Address: City:			State:		te:			Zip:	
III. Property Owner									
Name:				email:				Mobile #:	
Address: City:				State:		te:			Zip:
IV. Tent Company									
Name & Title:			email:		Office #:				
Company Name:									
Address: City:				Stat		State:			Zip:
Date Fire Inspection requested:	Estimated 9	Start Date:			Estimated End Da		l Da	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. <u>Temporary Use Permit Application & Requirements</u> (919) 469-4046									

- 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.
- 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.
- Is a temporary electrical service provided to the tent? (electrical permit required) Contact TOC Inspections and Permits to obtain an electrical 5. permit. Conditional Power Request Application

IX. Certification and Signature	IX.	Certifi	cation	and Si	gna	ture
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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:
FF		<u></u>