

Permit No. _____

APPLICATION FOR TENT PERMIT
Less than 180 days.

City of Columbia Public Works Department / ~~Ó ãã * ÁÛã Ö^ç^[[] { ^}~~ cDivision
701 E. Broadway, Columbia, Missouri 65201
Phone: (573) 874-7474 Fax: (573) 874-7283 TTY: (573) 874-7251

Job Address	
Contractor	Property Owner
Address	Address
City, State, Zip	City, State, Zip
Telephone	Telephone

TENT SIZE: Width _____ X Length _____ = Area _____ square feet

SITE PLAN: Locate tent with distances to site improvements. (buildings, parking areas, driveways)

CERTIFICATION OF FLAME –RESISTANT TREATMENT IS REQUIRED FOR PERMIT

I hereby certify the information contained in this application to be correct and I assume responsibility for all inspections.

Signature _____ Date _____ Approved By: _____
Applicant

TOTAL PERMIT FEE \$ _____