

89 St. Philip Street Charleston, SC 29424 Telephone: 843-953-5499 Fax: 843-953-1927

## TENT OR CANOPY PERMIT APPLICATION

(This application to be used only for erecting temporary tents or canopies)

## OWNER/APPLICANT INFORMATION Owner:\_\_\_\_\_ Address:\_\_\_\_\_ Tel:\_\_\_\_\_Email Address: \_\_\_\_\_ Applicant:\_\_\_\_\_ Address: \_\_\_\_\_ Tel:\_\_\_\_\_\_ Email Address: \_\_\_\_\_ Required liability and Workmen's Compensation insurance carried by Owner Contractors/ Installer will be in force at all times throughout operations. I am the vendor of the owner of the premises at the College of Charleston described in this application. I hereby apply for a permit to perform the work described in this application and on attached plans, specifications and other documents. I will comply with all provisions of applicable ordinances, codes and regulations in the performance of this work whether specified herein or not. Any amendment to this application, plans, specifications or other documents upon which this permit was issued shall be filed with the College of Charleston Fire and EMS Office for approval before such changes are made in the actual work. I hereby request that all work be inspected and approved by the appropriate inspectors. I certify that every person performing work on the permitted project will comply with all applicable codes, ordinances and regulations. By my signature I certify I have read and understand the above paragraph.

Applicant Signature \_\_\_\_\_\_ Date: \_\_\_\_\_