



TOWN OF FOXBOROUGH

Inspections Department

40 South Street

Foxborough, Massachusetts 02035

Tel. (508) 543-1206 / Fax. (508) 543-6278

APPLICATION TO ERECT TENT AS TEMPORARY STRUCTURE

Directions: Provide all information below. Failure to provide all required information and documents will result in building permit denial. Attach a plot plan showing the location of the temporary structure on the property and attach a copy of the Certificate of Flame Resistance for the tent that is being erected.

Permit Fee for Tent: \$30.00/tent for Residential \$50.00/tent for Commercial

Location of Work: _____, Zoning District: _____

Purpose for which the tent is being erected: _____

Size of Tent: _____, Occupancy Capacity of Tent: _____

Manufacturer of Tent: _____, Type of Material: _____

Type of Tent Construction: Rope & Pole Pipe Frame Other (specify): _____

Dig Safe Number: _____, Dates of Installation and Removal: _____

Estimated Cost of Installation: \$ _____

Name of Property Owner: _____ Tel. No.: _____

Address of Owner: _____
Street City or Town State Zip

Name of Tent Installer: _____ Tel. No.: _____

Address of Installer: _____
Street City or Town State Zip

Construction Supervisor Number: _____; Date of Expiration: _____

Worker's Compensation Policy Number: _____, Date of Expiration: _____

Owner/Authorized Agent Declaration

I, _____, as owner/authorized agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signature Date

Office Use Only

Approved: _____ Date Issued: _____

Building Official Signature