



City of
Lake Mary
Florida

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Tent Permit Application

CITY OF LAKE MARY TENT PERMIT APPLICATION

DATE SUBMITTED: _____ RECV'D BY: _____ PERMIT #: _____

Incomplete application may result in a delay in the processing of your request.

Project Name _____

Project Address _____

Legal Description or Parcel Number _____

Owner's Name & Address _____

_____ Phone # _____

Contractor Business Name & Address: _____

_____ Phone # _____

TENTS:

NUMBER AND SIZE OF TENTS (SQUARE FEET) _____

Tent set up date: _____

Date of Event: _____

Date to be taken down: _____

2 copies of flame retardant certifications ____

2 copies of site plans showing layouts ____

Describe Work: _____

Valuation of Work: \$ _____

Contact Person: _____ Phone #: _____

E-mail: _____ Fax #: _____

Specify which of the above names should be contacted if questions or additional information is needed.

Application is hereby made to obtain a permit to do work and installations as indicated. (State Law requires construction to be done by licensed contractors. Exemptions to that law may apply). I certify no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for other work to be performed.

NOTE: A notarized Letter of Authorization must be submitted from the property owner where the tent(s) are to be erected.

OWNERS' AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Owner/Agent (Please Print)

Owner/Agent (Please Sign)

Date: Date:

STATE OF FLORIDA
COUNTY OF SEMINOLE

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization, this _____ day of _____, 20____, by _____ who is personally known to me and/or has produced _____ as identification and who did (did not) take an oath.

(SEAL)

Signature of Notary Public

Contractor (Please Print)

Contractor (Please Sign)

Date: Date:

STATE OF FLORIDA
COUNTY OF SEMINOLE

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization, this _____ day of _____, 20____, by _____ who did (did not) not take an oath. _____ Personally known _____ or produced identification _____

(SEAL)

Signature of Notary Public

OFFICE USE ONLY

Department	Date	Initial	Comments
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Community Development _____

Fire Department _____

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