CITY OF CUMMING PLANNING & ZONING DEPARTMENT **100 MAIN STREET**

CUMMING, GEORGIA 30040

(770) 781-2024 FAX (770) 781-2029 APPLICATION FOR TEMPORARY TENT PERMIT

TEMPORAL	RY TENT PER	RMIT NO.	
*******	SITE ADDRESS	*****	****
Site Address:		Project Name:	
Map # Parcel: Lan	d Lots:	District:	
****** BUILDI	NG CONTRACTO	OR *******	*****
Business License No.: Busine	ess Name:		
Address:			
City/State/Zip:	Phone:	Pag	er:
******	OWNER **	******	****
Last Name: First:		MI: Ph	one:
Address:	City/State/Zij	o:	
Contact Name: Phon	ie:	□ Owner □	Contractor
Class Work: ☐ Tent Installation Number of Tents	Installed	_ Tent Dimensions: (To	tal Sq. ft.)
Utility Company: (check one) ☐ GA Power co.	☐ Sawnee EMC	□ Other	
 Names and address of the owners of the tent or Date the fabric was last treated with flame-resi Trade name or kind of chemical used in treatm Name of person or firm treating the material. Name of testing agency and test standard by wl 	stant solution. ent.		□ Yes □ No
Setbacks: Front Yard Side Yard	Rea	r Yard Zor	ing
Corner Lot: ☐ Yes ☐ No (Corner Lot require	s Front Yard Setbac	ck from all adjacent stree	ets)
SEPARATE PERMITS ARE REQUIRED FO	ŕ	•	
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCE WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER PERFORMANCE OF CONSTRUCTION.	O THIS APPLICATION ES GOVERNING THIS OF A PERMIT DOES N STATE OR LOCAL LA	AND KNOW THE SAME TO TYPE OF WORK WILL BE OT PRESUME TO GIVE AU AW REGULATING CONSTR) BE TRUE AND COMPLIED WITH ITHORITY TO UCTION OR THE
SPECIAL CONDITIONS: EXPIRES 30 DAYS	Type of Construct	tion TEMP. TENT	Occupancy Group
FROM ISSUE DATE	_ Tand Daw		g.
Contractor must submit copy of business license.	Tent Perr	mi ree:	\$
	Electrical	Permit Fee:	\$
SIGNATURE OF APPLICANT (DATE)	_ Mechanic	al Permit Fee:	\$
A BRIDAYAN BAD IOOU ANAD WY		Permit Fee:	<u>\$</u>
APPROVED FOR ISSUANCE BY (DATE)		Total Permit Fee:	\$