



## Colorado Springs Fire Department TENTS & CANOPIES PERMIT APPLICATION



### USER INFORMATION

Business Name	Daytime Phone
Business Address	After Hours Phone
City, State, Zip	Fax
Email Address	

### INSTALLER INFORMATION

Business Name	Daytime Phone
Business Address	After Hours Phone
City, State, Zip	Fax
Email Address	

### TENT OR CANOPY INSTALLATION LOCATION INFORMATION

Business Name
Business Address
City, State, Zip
Location on Property

Is this tent/canopy application part of a City of Colorado Springs, Special Events Application?  YES  NO

If yes, what is the event name and event date?

What are the daily hours of operation for the tent?		AM / PM	to		AM / PM
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<b>INSTALLATION/USE/REMOVAL DATES</b>	START	END
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Dates planned for Tent/Canopy **INSTALLATION**: \_\_\_\_\_ and \_\_\_\_\_

Dates planned for Tent/Canopy **USE**: \_\_\_\_\_ and \_\_\_\_\_

Dates planned for Tent/Canopy **REMOVAL**: \_\_\_\_\_ and \_\_\_\_\_

Responsible Party (Please Print)	Title
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<b>OFFICE USE ONLY</b>	Date
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Permit

Permit Fee

Reception No.:

**A COPY OF THIS APPLICATION SHALL REMAIN ON SITE ALONG WITH THE PERMIT**