

**Inspector's Signature** 

## **Tent Permit**

## Coastside Fire Protection District Fire Prevention Bureau

1191 Main Street, Half Moon Bay CA 94019 Telephone (650) 726-5213 Fax (650) 726-0132

| PROPERTY OWNER INFO  |   | J  | JOB ADDRESS   |          |  |
|--|---|--|---|----------|--|
| Name (or name of business)   |   | Name (if not owner)  |   |          |  |
| Mailing Address  |   | Address  |   |          |  |
| City   | Zip Phone   | City   | Zip   | Phone    |  |
| Contact Person   |   | Phone  | Phone   |          |  |
| Location of Tent   |   |  |   |          |  |
| Installation Date  | Installation Time   | Date(s) of Use   | Remov   | ral Date |  |
| <ul> <li>Flame certificate site.</li> <li>Location of "No S</li> <li>Location of fire exists.</li> <li>Illuminated exit s</li> <li>Seating or display</li> <li>Flame retardant c</li> <li>Provide Fire Departments.</li> <li>An unobstructed propes or other observations.</li> <li>All heating and contractions.</li> </ul> | Smoking" signs shown on partinguishers (extinguishers igns are required at every extrangement plan showing ertificate required for any fartment with copy of electropassageway or fire road (no structions) shall be maintain pooking equipment must be | olan. (No open flame in not to be taped to pole in it (show location on go width of aisles to be also covering used. It is the less than 12 feet in wheel on all sides of tent approved for use by the | nside tent struct.) plans.) furnished.  ridth and free structure. is department | from guy |  |
| *Fee Due  *\$105.38 per to per inspection  |   |  | Receipt No _  |          |  |
| Applicant's Signat   | ture  |  | Date  |          |  |

**Date**