



CITY OF TULSA TENT PERMIT APPLICATION

Note: Please print or type all data

Date: _____
A/P#: _____

- CONSTRUCTION ADDRESS _____
- ACCOUNT NO. _____
- OWNER/LESSEE OF PROPERTY _____ PHONE NO. _____ FAX NO. _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
- APPLICANT: _____ PHONE NO. _____ FAX NO. _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
- DESCRIBE PROPOSED USE IN DETAIL: _____
- TENT INSTALLER _____ INSTALLATION DATE: _____ REMOVAL DATE: _____
- TOTAL NUMBER OF TENTS: ___ SQ. FOOTAGE OF TENT(S): _____ ACCESSORY USE (IF APPLICABLE): _____
- WILL THERE BE FOOD OR BEVERAGE PREPARED OR SERVED IN THE TENT(S)? Yes No

HAS THERE BEEN ANY SPECIAL ZONING ACTION IN RELATION TO THIS PROPERTY? YES NO IF YES, PLEASE EXPLAIN:

Please place a check mark (or an "X") in the column that best describes your event (Length of time the tent will be up, size of tent, use of tent, and parking). All items in one column must be checked.

If your tent is being installed in accordance with a column in this group, the permit can be issued at the time of application.

Special Event	Less than 14 days	Less than 14 days	14 – 89 days
Date Council App'd	Less than 2,400 sq ft	Greater than 2,400 sq ft	400 – 2,400 sq ft
_____	_____	Cover less than 10 % required parking	Accessory Tent
MMDDYYYY	_____	_____	Cover less than 10 % req. parking

Name of special event: _____

If your tent is being installed in accordance with a column in this group, Board of Adjustment action is required prior to issuance.

Less than 14 days	14 – 89 days	14 – 89 days	14 – 89 days	Over 89 days
Over 2,400 sq ft	Over 400 sq ft	400 – 2,400 sq ft	Accessory Tent	_____
Cover more than 10 % required parking	Not an Accessory Tent	Accessory Tent	Over 2,400 sq ft	_____
_____	Tent	Cover more than 10 % required parking	_____	_____

The following applies to all tents:

- The tent(s) shall not be erected in easements or property line setback areas.
- The tent(s) shall have the flame resistance certification posted for the duration.

Affidavit

I, _____ (print name) being duly sworn upon oath, state that I identified the criteria that applies to the tent(s) being installed. I further attest that I am the owner or authorized by the owner to install the tent(s) at the above address in the manner specified. I further understand that any tent(s) found not to be in compliance will be subject to immediate removal and/or citations.

Signature: _____ Date: _____

Subscribed and Sworn to Before Me this _____ Day of _____ 20_____.

Notary Public My Commission Expires _____