



# CITY OF TULSA TENT PERMIT APPLICATION

Date: \_\_\_\_\_  
A/P#: \_\_\_\_\_

**Note: Please print or type all data**

- CONSTRUCTION ADDRESS \_\_\_\_\_
  - ACCOUNT NO. \_\_\_\_\_
  - OWNER/LESSEE OF PROPERTY \_\_\_\_\_ PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_  
CELL NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
  - APPLICANT: \_\_\_\_\_ PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_  
CELL NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
  - DESCRIBE PROPOSED USE IN DETAIL: \_\_\_\_\_
  - TENT INSTALLER \_\_\_\_\_ INSTALLATION DATE: \_\_\_\_\_ REMOVAL DATE: \_\_\_\_\_
  - TOTAL NUMBER OF TENTS: \_\_\_\_\_ SQ. FOOTAGE OF TENT(S): \_\_\_\_\_
  - WILL TENT BE ACCESSORY TO THE PRINCIPAL OR TEMPORARY USE?  YES  NO
  - DESCRIBE PRINCIPAL USE IN DETAIL: \_\_\_\_\_
  - 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: \_\_\_\_\_
- 
- WILL THE TENT BE USED IN CONJUNCTION WITH A SPECIAL EVENT?  YES  NO IF YES, NAME OF SPECIAL EVENT: \_\_\_\_\_
  - WILL THE TENT BE USED FOR PARKING LOT AND/OR SEASONAL SALES?  YES  NO (MAXIMUM OR 180 DAYS PER LOT PER YEAR)
  - WILL THE TENT BE USED FOR OUTDOOR CARNIVAL, CONCERT, FESTIVAL, REVIVAL, AND/OR PUBLIC GATHERING?  YES  NO (MAXIMUM OR 30 DAYS PER LOT PER YEAR; NO MORE THAN 10 CONSECUTIVE DAYS PER OCCURRENCE)

**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 am the owner or authorized by the owner to install the tent(s) at the above address according to all applicable zoning and fire codes. 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 \_\_\_\_\_