



GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE FIRE MARSHAL

525 Washington Avenue • Grand Haven, MI 49417
Office 616.842.3460 • Fax 616.847.6050



2024 TEMPORARY TENTS Fire Prevention Code Permit Application

Applicant/Responsible Party

Name: _____ Email Address: _____

Address: _____

Cell Phone: _____ Daytime Phone: _____

Date of Event: _____ Time of Event: _____

Address of Event: _____

Name of Facility: _____

Event Coordinator (if different than above)

Name: _____

Phone Number: _____ Cell Phone: _____

Tent Company

Name: _____

Contact Person: _____

Phone Number: _____ Cell Phone: _____

Date and Time tent is to be erected: _____

Tent Size: _____

Caterer

Name: _____

Phone Number: _____ Cell Phone: _____

Expected Number in Attendance: _____

Time Caterer will be ready for Floor Layout Inspection: _____

Office Use Only

Permit Number: _____ Permit Authorized by: _____

Occupancy Load: _____ Inspected by: _____

Conditions and Acknowledgements

Applicant:

Please review and initial the following requirements. By initialing each item, the applicant acknowledges their review and agreement to comply with the listed requirements as set forth by the City of Grand Haven Fire Marshal.

1. ____ The following documents are attached:
____ Site Plan in relation to structures, other tents, roads, etc.
____ Tent Floor plan / Layout
2. ____ No open flames, candles, devices emitting flame or heat or any flammable or combustible liquids, gas, charcoal, or other cooking device will be utilized without prior approval.
3. ____ Request for the use of open flames, candles, devices emitting flame or heat or cooking devices and accompanying documentation are attached.
4. ____ All conditions and requirements are to be in accordance with the 2015 International Fire Code as adopted by the City of Grand Haven, pertaining to this application.
5. ____ Final approval is based upon plan review and Fire Marshal inspection upon setup the day of the event.
6. ____ **It has been determined that wind gust of over 35MPH may cause a tent to collapse causing injury or death. Therefore, no tent will be allowed to be occupied if wind gust are projected to be over 35MPH.**

By my signature below, I attest the above information is accurate and correct I acknowledge and agree to comply with all applicable requirements of the Fire Prevention Code of The City of Grand Haven and it's referenced standards, even those not specifically expressed on this application.

I also acknowledge that if a permit is issued based upon this application, it shall be valid only at the location listed on the application and for the specific date(s) and time(s) for which it is issued.

This application and attachments are submitted with the required permit fee of \$75.00 in the form of a check or money order made payable to the *CITY OF GRAND HAVEN*.

If approved for permit issuance, I acknowledge that a copy of this application and all its attachments will be available on-site during the dates and times noted.

I further acknowledge and understand that any violations identified after permit issuance may result in immediate permit suspension or revocation.

Signature of Applicant

Date

Print Name of Applicant