

**GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF THE FIRE MARSHAL**



525 Washington Ave  
Grand Haven, MI 49417  
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**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**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Tent Company**

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date and Time Tent is to be Erected: \_\_\_\_\_

**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 : \_\_\_\_\_ Page 1 of 2

# 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 City Fire Marshal.**

1. \_\_\_\_ The following documents are attached:  
    \_\_\_\_ Site Plan  
    \_\_\_\_ Tent Content 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 State of Michigan Fire Prevention Code, International Fire Codes, 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.

By my signature below, I attest the above information is accurate and correct acknowledge and agree to comply with all applicable requirements of the Michigan Statewide Fire Prevention Code and 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 \$125.00 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