

DEVENS ENTERPRISE COMMISSION

33 Andrews Parkway, Devens, MA 01434
978-772-8831 x3338 Fax 978-772-1529

PERMIT NO. _____

DEC No. _____

APPLICATION DATE: _____

DEVENS REGIONAL ENTERPRISE ZONE

Fee \$50.00 / per tent _____

TEMPORARY TENT PERMIT*

SIZE – 10’ X 12’ OR LARGER

Note: Fill out application form completely and legibly.

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PROPERTY OWNER _____

TENT INSTALLER _____

ADDRESS _____

ADDRESS _____

TOWN/STATE _____

TOWN/STATE _____

PHONE _____

PHONE _____

FAX _____

FAX _____

SIGNATURE OF PROPERTY OWNER

APPLICANT NAME AND PHONE NUMBER

LOCATION / STREET/ FIELD: _____

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NUMBER OF TEMPORARY TENT(S) _____ TENT SIZE(S) _____

DATES: FROM _____ TO _____

Please provide the following information with your Application:

1. Event explanation/use of tent(s) _____

2. Do tent(s) have side panels? Yes _____ No _____
3. Will tent(s) be utilized at night? Yes _____ No _____
4. Number of people expected to occupy each tent : _____
(if over 250 for a single tent, include floor plan and contact Devens Fire Dept. for review 978.772.4600).
5. Site plan (can be hand drawn) showing tent location(s) on the lot, and if required, means of egress, location(s) of fire extinguishers and “no smoking signs”;
6. Copy of worker’s compensation certificate *(if being installed by a licensed installer);*
7. Flame-resistant certificate(s) for each tent, side wall or drops;
8. Power source(s): _____ *(Electric generators require electrical permits from the DEC; Propane tanks over 40 lbs. and/or gas generators. require permits from the DEC and/or Devens Fire Dept.)*
- 9.

***Please Note: Tent installations that require driving of posts or pipes are required to contact Dig Safe (811) a minimum of 72 hours prior to tent installation.**

Applicant Signature