

The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR
Tents or Temporary Structures
Town of Tisbury

THIS SECTION FOR OFFICIAL USE ONLY

BUILDING PERMIT NUMBER _____ DATE APPLIED _____

SIGNATURE _____
Building Commissioner/Inspector of Buildings Date Approved

Section 1: SITE INFORMATION

1.1 locations of tent(s) or structures to be erected: 1.2 Assessor's Parcel Number

Section 2:

Name of organization _____

Contact Name _____ Mailing Address _____

Telephone Number _____

2.2: Owner of Record:

Name: _____ Owners Mailing Address: _____

Telephone Number _____

Section 3: Type & Purpose of Tent or Temporary Structure

Type _____ Number of Tents: _____

Purpose of Tent(s) or Temporary Structures _____

Date of Event _____ Caterer Name _____

Section 4: Site location Details:

Cooking Appliances _____ Type _____

Propane Tanks _____ Size of Tanks _____

Fire Extinguishers on Hand _____ Type _____

Lighting Used _____ Type _____
Seating _____ Chairs _____ Capacity/Occupant Load Per Tent _____
Egress Exits _____ Tent Certificate # _____

Section 5: Fees

1. Permit Fee \$ _____ Check No. _____ Cash _____

Section 6: Workers Compensation Insurance Affidavit (M.G.L. c 152 & 25C (6))

Workers compensation affidavit must be completed and submitted with this application.
Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Section 7a: Owner Authorization to be completed when owner's agent or contractor applies for building permit.

I, _____, as owner of the subject property hereby authorize
_____ to act on my behalf, in all matters relative to work
authorized by this building permit application.

Signature _____ Date _____

Signature of owner or authorized agent (sign under the pains and penalties of perjury)

Section 8: Required Department Approvals

Fire Department Approval: Approved _____ Denied _____

Fire Chief _____ Date _____

Board of Health (if food service is available):

Approved _____ Denied _____ N/A _____

Health Agent _____ Date _____