

TENT/CANOPY PERMIT APPLICATION

BUILDING DEPARTMENT

15440 CENTRAL AVENUE, OAK FOREST IL 60452

TEL: (708) 444-4817 FAX: (708) 687-1179 WWW.OAK-FOREST.ORG

APPLICATIONS AND SUPPORTING DOCUMENTATION MAY BE EMAILED TO: MPETERS@OAK-FOREST.ORG



PERMIT #:			EXPIRATION DATE:										
REQUIREMENTS:													
<p>APPLICATION: Submit application packet to Building Department at least 14 days prior to tent/canopy installation.</p> <p>SITE PLAN: Provide copy of detailed site plan showing location of tent on property.</p> <p>FLOOR PLAN: Provide copy of detailed floor plan for seating, exits, fire extinguisher, electric/heating locations.</p> <p>CERTIFICATE OF FLAME RESISTANCE: Provide Certificate of Flame-Resistance showing tent material and any other fabric/drapery is made from a flame-resistant fabric or has been treated with a flame-retardant chemical.</p> <p>FLAME SPREAD RATING INFORMATION: Provide flame-spread rating information for ceiling and/or wall decoration materials.</p> <p>SNOW LOAD INFORMATION: Provide snow load information and/or documentation of structural stability.</p> <p>HEATER UNITS: Provide details for heater units.</p> <p style="text-align: center;">MUST INCLUDE LANDLORD PERMISSION LETTER IF SPACE IS BEING LEASED.</p> <p style="text-align: center;">MINIMUM PERMIT FEE IS \$100</p>													
BUSINESS INFORMATION													
BUSINESS NAME:			DBA:										
APPLICANT NAME:			APPLICANT PHONE:										
BUSINESS ADDRESS:		UNIT #:	CITY:	STATE:	ZIP:								
PHONE:		FAX:	EMAIL ADDRESS:										
TENT/CANOPY DIMENSIONS:													
REASON FOR EVENT:													
ARE THE PREMISES LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO													
DATE OF USE:			HOURS OF OPERATION:										
FROM:		TO:	FROM:		TO:								
NUMBER OF TENTS:			NUMBER OF PARTICIPANTS:										
ELECTRICAL/HEALTH INFORMATION													
WILL THERE BE AN ELECTRICAL INSTALLATION (HOOK-UP/GENERATOR)? <input type="checkbox"/> YES <input type="checkbox"/> NO													
WILL THERE BE FOOD SERVED? <input type="checkbox"/> YES* <input type="checkbox"/> NO													
*IF YES, INCLUDE A COPY OF YOUR SANITATION LICENSE AND A PREVIOUS HEALTH INSPECTION FROM ANOTHER TOWN/EVENT.													
FEE SCHEDULE													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Tent/Canopy Permit Fee</td> <td style="text-align: right; padding: 5px;">\$100.00</td> </tr> <tr> <td style="padding: 5px;">Electrical Permit/Inspection (if required)</td> <td style="text-align: right; padding: 5px;">\$60.00</td> </tr> <tr> <td style="padding: 5px;">Health Permit/Inspection (if required)</td> <td style="text-align: right; padding: 5px;">\$60.00</td> </tr> <tr> <td style="padding: 5px;">Re-Inspection Fee</td> <td style="text-align: right; padding: 5px;">\$60.00</td> </tr> </table>						Tent/Canopy Permit Fee	\$100.00	Electrical Permit/Inspection (if required)	\$60.00	Health Permit/Inspection (if required)	\$60.00	Re-Inspection Fee	\$60.00
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I hereby certify that I am the owner or duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit or approval may be revoked. I also understand that all tents/canopies be in compliance with the City of Oak Forest Codes and Ordinances and the statutes of the State of Illinois.

APPLICANT SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

REVIEWED AND APPROVED BY

BUILDING OFFICIAL: _____ DATE: _____

CONDITIONS: _____

REQUIRED FEES – OFFICE USE ONLY	
BUILDING PERMIT FEE:	_____
INSPECTION FEE:	_____
TOTAL FEES:	_____
PERMIT PAYMENT: CHECK # _____ <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD	
AMOUNT PAID: _____ DATE PAID: _____	
REQUIRED INSPECTIONS:	

<p align="center">CALL 708-444-4817 TO SCHEDULE INSPECTIONS. 24 HOUR NOTICE REQUIRED FOR ALL INSPECTIONS. \$60.00 FOR FAILED INSPECTIONS.</p>	