

Hertford County
Office of Emergency Management/Fire Marshal
P.O. Box 466
Winton, NC 27986



**TEMPORARY STRUCTURES
SPECIAL OPERATIONAL USE PERMIT APPLICATION**

Permit Information

- Application with a site plan is due at least 14 days prior to first move-in day of event. If plan is part of a sponsored event or festival, plan should be submitted designating the location of your tent by highlighting it.
- Failure to secure permit is a \$100.00 fine.
- This application and permits are required before inspections are conducted.
- A City license may be required in addition. Call the town in which the structure will be for more information.

Business Name: _____	Date: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
Name & Title of Person Submitting Application: _____	
Telephone No: _____	Fax No: _____ Email: _____
Address of Event: _____	Owner's Written Permission: <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Owner: _____	

Event Name: _____	Date(s) of Event: _____
Preferred Date & Time of Inspection: _____	
Description of event and/or purpose for issuance of Permit: _____	

Temporary Power: Yes No If yes, source: Generator Existing on-site receptacles

Other _____

Cooking: Yes No Percentage of Parking Spaces Used (if applicable): _____

(Copy of Flame Resistance Certificate for each cooking tent or canopy must be provided with application submission)

Please indicate the type of Permit applying for (include total number for each one):

Tent - (fabric structure that is enclosed with sidewalls on more than 25% of perimeter)

Canopy - (fabric structure that is open without sidewalls on 75% or more of perimeter)

Membrane Structure - (air supported or air inflated frame covered structure)

Roadside Stand

Structure or Stand for Fireworks Sales (7 Days)

Structure or Stand for Fireworks Sales (21 Days)

Other _____

Based on the definitions for a canopy, tent, or membrane structures, the following information must be completed. This information is necessary in order to determine if certain fire code regulations will apply.

1. Is any individual canopy greater than 400 sq. ft.? Yes No

2. Is there any individual canopy or group of canopies **open on all sides** exceeding 700 sq. ft. **without** 12 ft. of clear space between all other permanent and temporary structures? Yes No

3. Is any individual tent or membrane structure greater than 200 sq. ft.? Yes No

4. Is there any individual or groups of tents or membrane structures exceeding 200 sq. ft. **without** 12 ft. of clear space between all other permanent and temporary structures? Yes No

I certify that all information contained herein, and all information and documents attached hereto, are accurate, true, and complete. I hereby understand that any answers deliberately falsified or misrepresented shall be justification for revocation of the Permit.

Signature: _____

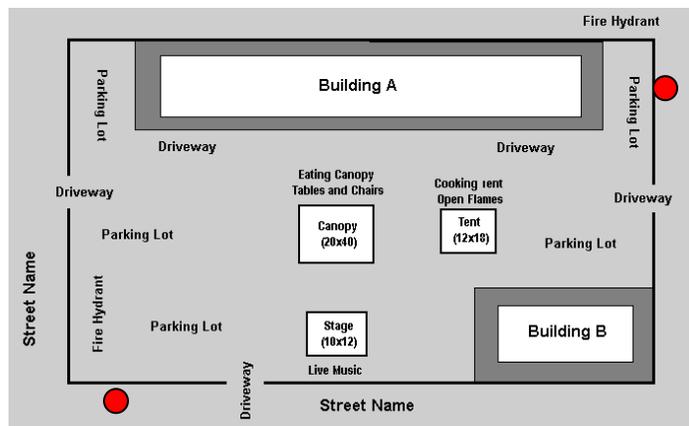
Print Name: _____

Telephone No.: (_____) _____ Date: _____

Signature and Information in this Section in Blue Ink Only

SITE PLAN INFORMATION: The following information must be provided on the site plan or the application will not be accepted for review. The site plan does not have to be to scale. However, it must include critical dimensions and provide a moderate degree of proportion. At a minimum, it shall include the following:

1. Location of the event/activity on the property with approximate distances from roads, fire hydrants, existing buildings, etc.
2. Location of temporary structures that will be used during the event. Must indicate size of temporary structures, distances between temporary structures and existing buildings.
3. Identify how each temporary structure will be used. Example: type of vendor, food preparation, alcohol sales, etc.
4. Identify location of all cooking devices and open flames.
5. Location of all fencing, barricades, or other restrictions that will impair access to and from the event or property.
6. Indicate location of any generators and fuel storage.



OFFICE USE ONLY

Event Name _____ Event Date(s) _____

Type of Permit Applied For _____

DEPARTMENT USE ONLY:

Special Operational Use Permit Required: Yes No Date Received: _____

Account # _____ Permit # _____ Permit Fee: _____

Fire Official Approval _____ Date _____

Conditions of Approval _____
