



TENT PERMIT APPLICATION

Department of Community Development and Code Compliance
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OFFICE USE ONLY
APPLICATION #:
PERMIT #:
MASTER PERMIT #:

SITE	ADDRESS WHERE TENT WILL BE ERECTED(STREET #/STREET NAME OR SUBDIVISION):		PARCEL ID #:	
	BUILDING/SHOPPING CENTER NAME AND TENANT NAME (IF APPLICABLE):			
	PROPERTY OWNER'S NAME:		OWNER PHONE #:	
TENT INFORMATION	TENT SET UP DATE/TIME:		TENT TAKE DOWN DATE/TIME:	
	TENT DIMENSIONS	TENT LENGTH:	TENT WIDTH:	TENT SQUARE FOOTAGE:
	<input type="checkbox"/> RETAIL SALES EVENT		<input type="checkbox"/> VENDOR DISPLAY AREA	
	<input type="checkbox"/> SPECIAL EVENTS DISPLAY		<input type="checkbox"/> MEETINGS, WEDDINGS OR OTHER GATHERINGS	
	<input type="checkbox"/> FOOD PREPARATION OR SALES (NO COOKING)		<input type="checkbox"/> OTHER:	
	<input type="checkbox"/> FOOD PREPARATION OR SALES (WITH COOKING)			
	DESCRIBE HOW TENT WILL BE USED:			
WHAT IS THE ESTIMATED COST OF TENT WORK ONLY (MATERIALS LABOR) AND DO NOT INCLUDE THE COST OF OTHER WORK IN THIS ESTIMATE			ESTIMATED COST:	
			\$	
EVENT NAME/DESCRIPTION (A SPECIAL EVENT PERMIT IS REQUIRED FOR SPECIAL EVENTS):				
CONTACTS	TENT COMPANY:		TENT COMPANY PHONE #:	
	TENT COMPANY ADDRESS:		TENT COMPANY EMAIL:	
	CONTRACTOR NAME:		DPOR LICENSE #:	CONTRACTOR PHONE #:
	CONTRACTOR'S MAILING ADDRESS (CITY/STATE/ZIP CODE):			
	PRIMARY CONTACT FOR CORRESPONDENCE (NAME):		EMAIL:	PHONE #:

SEE "TENT PERMIT CHECKLIST" FOR INFORMATION REQUIRED TO BE SUBMITTED WITH THIS APPLICATION.

APPLICANT	LICENSED CONTRACTOR: IF YOU ARE APPLYING FOR THIS PERMIT AND YOU ARE THE CONTRACTOR LISTED ON THIS APPLICATION, PLEASE COMPLETE THE APPLICANT SECTION BELOW		
	CONTRACTOR'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE CONTRACTOR LISTED ON THIS APPLICATION, YOU WILL BE REQUIRED TO PROVIDE PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE CONTRACTOR'S AGENT		
	OWNER: IF YOU ARE THE OWNER OF THIS PROPERTY, ARE EXEMPT FROM LICENSURE REQUIREMENTS, AND YOU ARE DOING YOUR OWN WORK, YOU MUST COMPLETE THE "APPLICANT" AND "OWNER" SECTIONS		
	OWNER'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE OWNER OF THE PROPERTY, YOU WILL BE REQUIRED TO PROVIDE PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE OWNER'S AGENT		
	APPLICANT SIGNATURE:	APPLICANT NAME (PLEASE PRINT):	DATE:

OWNER	COMPLETE THIS SECTION ONLY YOUR IF YOU ARE THE OWNER OF THE PROPERTY DOING OWN WORK AND ARE NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR.		
	If you are an owner and intend to do the work or subcontract the work, the owner is required to certify that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing below and obtaining the permit in your name, designates you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes, and acknowledges your compliance with the Section 54.1-1111 of the Code of Virginia.		
	I, as the OWNER , will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.		
	OWNER OR AGENT SIGNATURE:	DATE:	NAME (PRINT):

COMMUNITY DEVELOPMENT OFFICE USE ONLY						
PERMIT TRACKING FORM ATTACHED (IF NOT, COMPLETE BELOW)					Y	N
APP/FEES	RCVD BY:	RCVD DATE:	BUSINESS LICENSE VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR	PLANS/SPECS SUBMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR		
	PERMIT FEE AMT: \$	STATE LEVY AMT: \$	TOTAL FEE AMT: \$	PAID BY:		
	PROFFERS REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PROFFER AMT. PAID: \$	<input type="checkbox"/> CASH <input type="checkbox"/> CC <input type="checkbox"/> CHECK (CK # _____)	RCVD BY:		

APPLICANT NOTIFIED BY:	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER:	DATE:
PERMIT ISSUED BY:	<input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> PICKED UP BY:	DATE: