



Building Permit Application

Tent

FOR TENTS IN EXCESS OF 120 SF

TOWN OF WARE, MASSACHUSETTS

413.967.9648 x180 www.townofware.com

VP ID _____
Received: _____
Fee: _____
Check #: _____
CSL HIC



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 9th edition
Building Permit Application to Construct, Repair, Renovate Or Demolish

THIS SECTION FOR OFFICIAL USE ONLY

Signature: _____ Date _____
Anna S. Marques, Building Commissioner

NAME OF PROPERTY OWNER (PRINT)	ADDRESS OF PROPERTY WHERE WORK WILL BE DONE	
MAILING ADDRESS	ADDRESS TO MAIL PERMIT TO	
City, State, Zip	City, State, Zip	
Telephone	Cell	Email

HOW MANY TENTS: _____

SIZE: _____ x _____ = _____ SF SIZE: _____ x _____ = _____ SF SIZE: _____ x _____ = _____ SF

DATE TENT(s) WILL BE PUT UP: _____ DATE TENT(s) WILL BE TAKEN DOWN: _____

IS THERE A FLAME RETARDENT TAG ON TENT [] YES [] NO

IS TENT BEING USED NEAR COOKING AND FOOD PREPARATION [] YES [] NO

TOTAL COST: \$ _____

FEE: \$ _____ \$7 PER \$1,000 ESTIMATED COST or PORTION THEREOF (\$40 MIN FEE)
please pay by check or money order to Town of Ware

TENT COMPANY INFORMATION

TENT COMPANY _____

STREET _____

TOWN _____ STATE _____ ZIP _____

Signature _____

Telephone _____ Cell Phone _____

PLEASE SUBMIT PROOF OF WORKER'S COMP
PLEASE SUBMIT A CERTIFICATE OF FIRE RETARDENT
WITH APPLICATION

TOWN BYLAW:
SIGNATURE FROM TAX COLLECTOR'S OFFICE
THAT ALL TAXES ARE PAID TO DATE

NAME _____ DATE _____

AUTHORIZED AGENT FOR ORGANIZATION

I, _____, as Authorized Agent
for: _____, hereby declare
that the statements and information on the foregoing application are true and accurate, to the
best of my knowledge and behalf.

Print Name

Signature of Authorized Agent
(Signed under the pains and penalties of perjury)

DATE

WORKER'S COMPENSATION AFFIDAVIT

PROOF OF WORKER'S COMPENSATION MUST BE SUBMITTED WITH EACH APPLICATION

Workers Compensation Insurance Affidavit must be completed and submitted with this application M.G.L. c. 152. §25C (6)

FAILURE TO PROVIDE WORKER'S COMP AFFIDAVIT WILL RESULT IN DENIAL OF THE ISSUANCE OF BUILDING PERMIT

BUILDING DEPARTMENT HOURS

Monday to Friday 8:00am to 4:00pm

413-967-9648 x180

Anna S. Marques, Building Commissioner