

APPLICATION FOR TEMPORARY TENT / CANOPY PERMIT

Job Address:		
Name of Installer/Contractor:_		Telephone: []
Address of Installer/Contractor:		
Sponsoring Charitable Organiza	tion (If Applicable):	
Name of Contact Person:		24 HourTelephone: []
Address of Contact Person:		
Application is hereby made to the Permit Center for Tents/Canopies as described below: Please list the number of tents/canopies, their uses, sizes, and location on property.		
# USE	SIZE	LOCATION
City Of Pasadena Special Events Permit Number # SPE:		
Total #Tents/Canopies:	Installation Date:	Removal Date:
Total Square Footage:	Dates of Use:	Through:
Date:		
Applicant's Signature:		Title:
* OFFICE USE ONLY		
Zoning Approval:staff initials	Date:	T-Cup Required: Yes No T-Cup#:
Fire Approval:staff initials	Date:	Standby Required: Yes No
Occupancy Group:		Seasonal Permit Expiration Date: