
Davidson County Fire Marshal's Office
935 North Main Street Lexington, NC 27292 (336)242-2270

Operational Permit Application/ Temporary Membrane Structures & Tents

Applicant Information:

Name: _____
First Middle Last

Position or Title: _____

Address: _____
Street Address

City State Zip

Phone: _____
Primary Number Other Number Fax Number

Email: _____

Business Information:

Owner/ Operator: _____
First Middle Last

Business Name: _____

Address: _____
Street Address

City State Zip

Phone: _____
Primary Number Other Number Fax Number

Email: _____

Property Information:

Owner: _____
First Middle Last

Address: _____
Street Address

City State Zip

Phone: _____
Primary Number Other Number Fax Number

Email: _____

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PERMIT INFORMATION

TYPE OF PERMIT REQUESTED:

TENTS/CANOPIES _____ AIR- SUPPORTED STRUCTURE _____

Please list each tent or air supported structure including description, square footage, sizes, with or without sides, and number of exits. If additional space is needed please use the back of the application.

Tent Information (if applicable)

***Does the tent/s have:** Heating Equipment, Seating, Electrical Service, or Cooking Equipment?

Or contain: Hay, Straw, Wood shavings, or other combustible material?

Please list: _____

***Are the tent/s and contents flame resistant and self-extinguishing?**

Yes No (If yes, provide certification)

***Are the tent/s adequately guyed, staked, and/or fastened to withstand a wind pressure of not less than 20lbs per square foot of projected area?**

Yes No

***Does the tent occupy more than 75% of the premises that it is located on?**

Yes No

*Please note that a site layout **must be provided** showing dimensions, location of tent/s or air supported structures, and a parking layout. A floor plan must also be provided for each tent showing dimensions, layout, fire extinguishers and exits.*

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Application and Permit Information:

Operational Permit Fee: **\$50.00**

Permit Fee of Fifty Dollars is due upon submission of application and is non-refundable if the application is denied. Corrected application can resubmitted for approval at no additional fee.

A detailed floor plan must accompany this application at the time of submission. The floor plan shall outline the seating arrangements, placement of any electrical equipment, aisle widths, exits etc. Any information or verification required to be submitted from an outside or independent source will be the responsibility of the applicant.

A site inspection to insure compliance of the North Carolina Fire Prevention Code, NFPA requirements and the Davidson County Fire Marshal's Office will be required. An inspection must be requested a minimum of forty eight hours in advance unless otherwise stated by the Davidson County Fire Marshal's Office.

Any variation from the conditions or information submitted will void this application and required a new application to submitted unless approved by the Davidson County Fire Marshal's Office.

Applicants Signature: _____ . Date: ___/___/___

Davidson County Fire Marshal's Office use only:

Approval Date: ___/___/___ Expiration Date: ___/___/___ Denial Date: ___/___/___

Permit Duration: ___ 30 Days ___ 60 Days ___ 90 Days ___ Duration of Operation

Permit Number _____ Fee's Paid _____ Check Number _____

Reviewed By: _____ Contact Number: _____