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

*Construction/Erection of Tents, Membrane or Air Supported Structures Permit Application*

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**Section I**

**General Requirements:**

1. The Davidson County Fire Marshal (the Authority Having Jurisdiction) shall require the submission of this application completed in its entirety, and all required documentation listed in Section II of this document as applicable, for review and approval prior to the commencement of any installation.
2. Any plan submitted for review shall meet the requirements set forth in the NC Building and Technical Codes and applicable standards of the National Fire Protection Association.
3. Documents shall be submitted digitally by email to [plans.review@davidsoncountync.gov](mailto:plans.review@davidsoncountync.gov)
4. Plan submittals will be rejected if ANY portion of this application is not completed or is not accompanied by required information listed in Section II at time of submission. Completion of application and information required to be submitted will be the applicant's responsibility.
5. Upon completion and approval, the applicant will be notified by email that the plans have been approved, and the permit has been issued. The permit will be available for pick up between the hours of 8:30 am & 4:30 pm at the Central Permitting Office located at 912 Greensboro St Lexington, NC 27292. The Central Permitting Office can be contacted at (336) 242-2230.
6. Any revisions or addendums to the original plan submittals will require documents to be re-submitted along with all applicable associated documentation
7. The permit fee is \$50.00 payable upon receipt of the permit.

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**Section II**

**Required information:**

*Tent and membrane structure erection and use shall comply with Chapter 31 of the 2018 NC Fire prevention code and all technical code as applicable.*

1. A detailed site plan that shows the location of the tent or membrane structure in regard to other structures, lot lines, and vehicle parking.
2. A floor plan that details location and arrangement of chairs, tables, means of egress, aisle widths, and the location of fire extinguishers.
3. The number of exits and the size of each.
4. An affidavit or affirmation shall be submitted that attests to the following information relative to flame propagation performance criteria:
  - a) Names and address of the owners of the tent or air-supported structure.
  - b) Date the fabric was last treated with flame-retardant solution.
  - c) Trade name or kind of chemical used in treatment.
  - d) Name of the person or firm treating the material.
  - e) Name of the testing agency and test standard by which the fabric was tested.
5. A detail of the activity that will be taking place with the tent or membrane structure.
6. A list of any accessory items that will be utilized within the tent or membrane structure.
7. Listing of any equipment that will be utilized within the tent or membrane structure.

An operational permit as required by the NC Fire Prevention Code 105.6.46 is required prior to occupation of a tent or membrane structure.

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**Section III**

**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: \_\_\_\_\_

**Construction/Erection Property Information:**

Owner: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State Zip*

Phone: \_\_\_\_\_  
*Primary Number Other Number Fax Number*

Email: \_\_\_\_\_

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**Tent/Membrane Structure Information**

Provide the following information for each tent/membrane structure to be erected.

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_

Air Supported/Inflated?    Yes    No

Flame retardant/resistant?    Yes    No (If yes provide manufacturer's certificate)

Scheduled erection date: \_\_\_\_\_ Scheduled take down date: \_\_\_\_\_

Total number or days erected: \_\_\_\_\_

**Application Fee**

A non-refundable \$50.00 application fee is required at the time of submittal. Applications submitted without all the above information may be denied. Re-submittals will require additional application fee.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**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: \_\_\_\_\_